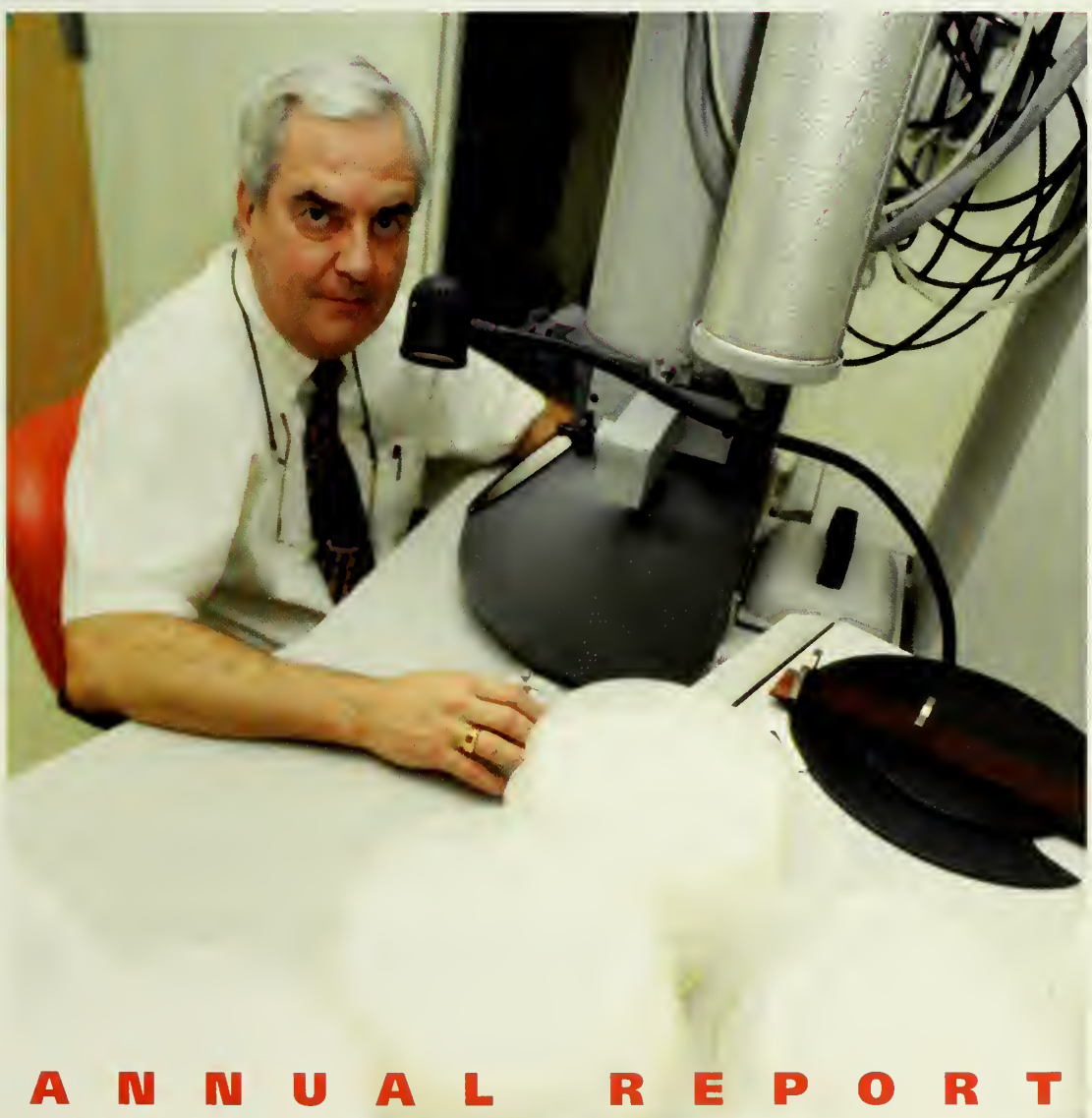
MEDICAL COLLEGE OF GEORGIA

TODAY

Volume 30, Number 1 Fall 2001



ANNUAL REPORT

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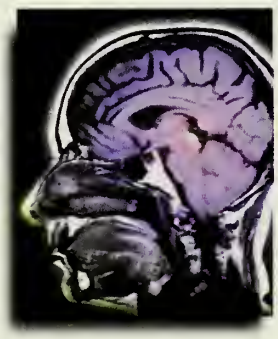

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TODAY

Dear Readers,

What an exciting time this is to assume the presidency of the Medical College of Georgia. With new ideas percolating, new buildings being erected and new programs and centers being established, the future has truly never looked brighter for our institution.

But the lifeblood of the Medical College of Georgia is, as it has always been, its people. Seasoned researchers, educators and clinicians continue their good work here, and newly recruited faculty are adding unprecedented vibrancy and vitality to Georgia's health sciences university. We invite you to meet some of those people in this annual report edition of *Medical College of Georgia Today*.

Meet, for instance, Dr. Ross G. Gerrity, whose diabetes research took on a new dimension when he himself was diagnosed with the disease. We also introduce you to a dental researcher who is continually refining his ground-breaking work on teeth-bleaching, and a nursing researcher who is shedding new light on postpartum fatigue.

This edition of the magazine also features a member of MCG's extended family—an alumnus whose artistry has helped revolutionize education at the University of Georgia College of Veterinary Medicine.

This annual report edition also recognizes those whose generosity and selflessness help ensure that MCG's best days are ahead. We thank you from the bottom of our hearts.

Sincerely,

Daniel W. Rahn, M.D.
President, Medical College of Georgia

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AT A GLANCE

Sound of Silence

Snoring–which can signal not just an annoyance, but a potentially serious medical problem–is often treatable with a simple trip to the dentist's office.

An oral device to eliminate upper-airway blockages during sleep is one of the most effective anti-snoring treatments available, according to Dr. John R. Ivanhoe, associate professor of oral rehabilitation at the Medical College of Georgia.

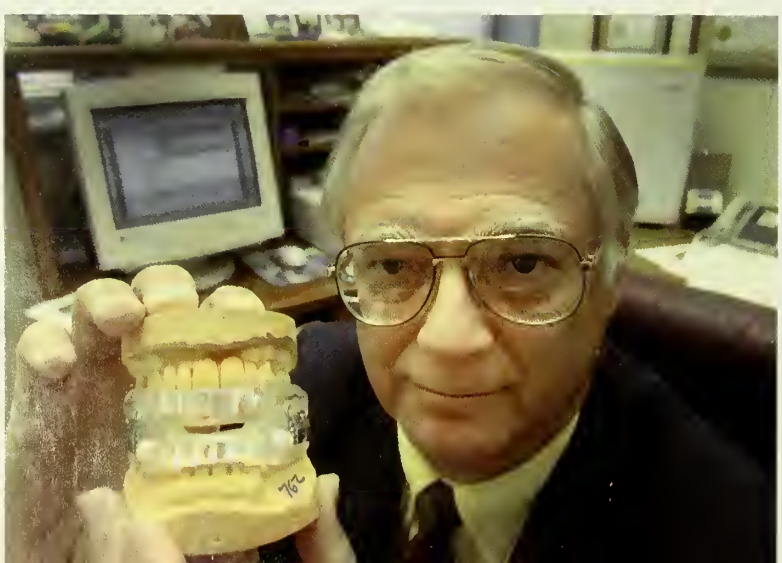
"Most commonly, people snore or have apnea (periodic breathing cessation) because the chin and tongue drop back during sleep and restrict the airway," said Dr. Ivanhoe. "They need the same amount of air in their lungs, so if the airway is restricted, the velocity of inhaled air increases and the uvula vibrates." The uvula is the fleshy tissue hanging down from the middle of the soft palate above the back of the tongue. Its vibration is more commonly known as snoring.

If the airway is completely restricted, apnea results, forcing its victims to gasp for air repeatedly during the night and fight fatigue during the day, Dr. Ivanhoe said.

Dr. Ivanhoe and his colleagues have determined that a mouth device can treat most cases of snoring and about 65 percent of cases of mild to moderate apnea by keeping the chin and tongue from dropping back during sleep. The device has parts that fit over the upper and lower teeth and are connected by a screw mechanism. The screw can be tightened or loosened to apply the minimal pressure needed to keep the jaw from dropping back during sleep.

"Patients tolerate [the device] very well," said Dr. Ivanhoe, who has reported on the device's effectiveness in the *Journal of Prosthetic Dentistry*. "For most patients, the effect is dramatic. Many tell me, 'I didn't even remember what a good night's sleep felt like before I started using it.'"

Dr. John R. Ivanhoe



The Sporting Life

Dr. Richard F. Boedy's medical field is neonatology, but the Medical College of Georgia physician feels equally at home on a baseball or football field.

An avid sports fan who played several sports as a youth, Dr. Boedy volunteers as a baseball umpire and referee for basketball and football games. "I started umpiring in Illinois 15 years ago because I love the game and I enjoy working with young people," he said.

As a member of the Georgia High School Association, the Georgia Independent School Association and the Palmetto Peach Association of College Officials, he assigns 750 baseball games per year and covers 40 middle and high schools. Off season, he trains other officials, familiarizes them with the rules and regulations and teaches proper mechanics, including being at the right place at the right time.

His volunteer commitment requires frequent travel across Georgia and South Carolina, plus considerable coordination work. "There's a remarkable shortage of officials; the average life span is about 1.7 years." Dr. Boedy attributes the shortage to the time commitment and the pressure of overenthusi-

astic fans and parents. "A job well done won't be noticed by anyone except the officials," he said.

Nevertheless, he finds the work rewarding. "It's a challenge, because it requires conditioning, judgment, intelligence and coordination. It's also a constant reminder of the essential things in life [because] you always come across somebody who's better and you learn something."

Rural Relief

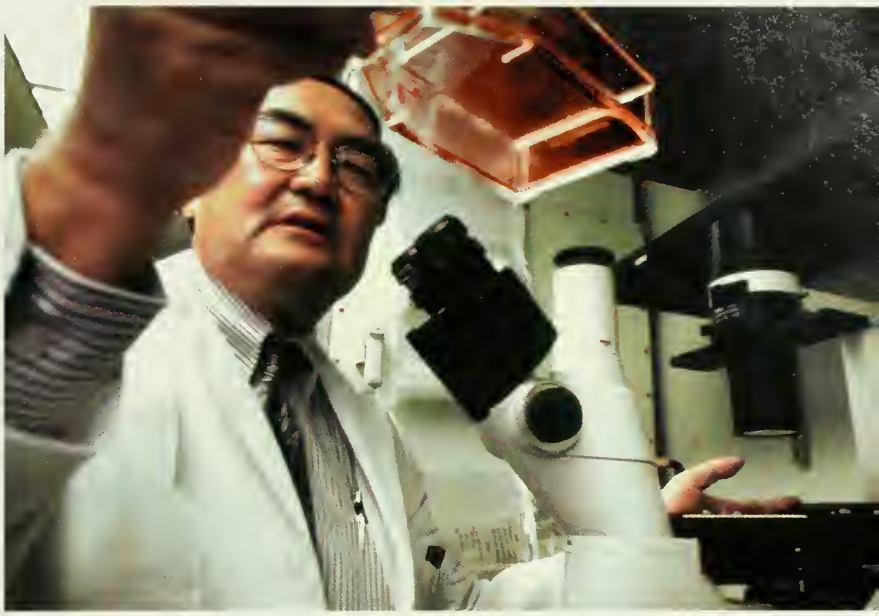
The Medical College of Georgia School of Allied Health Sciences has received funding to continue its efforts to combine students' clinical training with service to medically underserved areas of Georgia.

The U.S. Department of Health and Human Services' Bureau of Health Professions initially funded the Rural Health Interdisciplinary Training Grant in 1997. The bureau has provided $616,315 to continue the program for three years.

MCG collaborates with the Georgia Hospital Association and the state's Area Health Education Centers to match allied health students with rural areas in need of their services, according to Teru Creel, assistant professor of occupational therapy and clinical coordinator for the grant. Students in the Departments of Health Information Management, Medical Technology, Occupational Therapy, Physical Therapy, Physician Assistant and Respiratory Therapy work at hospitals, health departments and other sites in these areas to fulfill graduation requirements and refine the skills they will need in their practices.

While completing their clinical training, the students also gather data about the communities they serve, Ms. Creel said. The data identify health care resources in the areas, health trends in the communities, social issues that may affect the residents' health and the resources needed to optimize wellness in the communities. The School of Allied Health Sciences recently created the Rural Health Care Resources Database (http://www.mcg.edu/Resources/Rural/Search.html), an interactive Internet directory based on the data. New data will be added as they are compiled.

The students will work with local libraries to help community members access the Web site so they can fully utilize the resources available to them, Ms. Creel said. Students also will maintain a journal about their experiences in the communities.



Dr. Robert K. Yu

Tracing a Trigger

Identifying the trigger that results in the devastating loss of motor and sensory functions called multiple sclerosis is the focus of Medical College of Georgia researchers.

They hope they can stop the immune system's attack on the nerve-insulating tissue, myelin, by determining what triggers it. Without myelin, nerves become inefficient and ineffective.

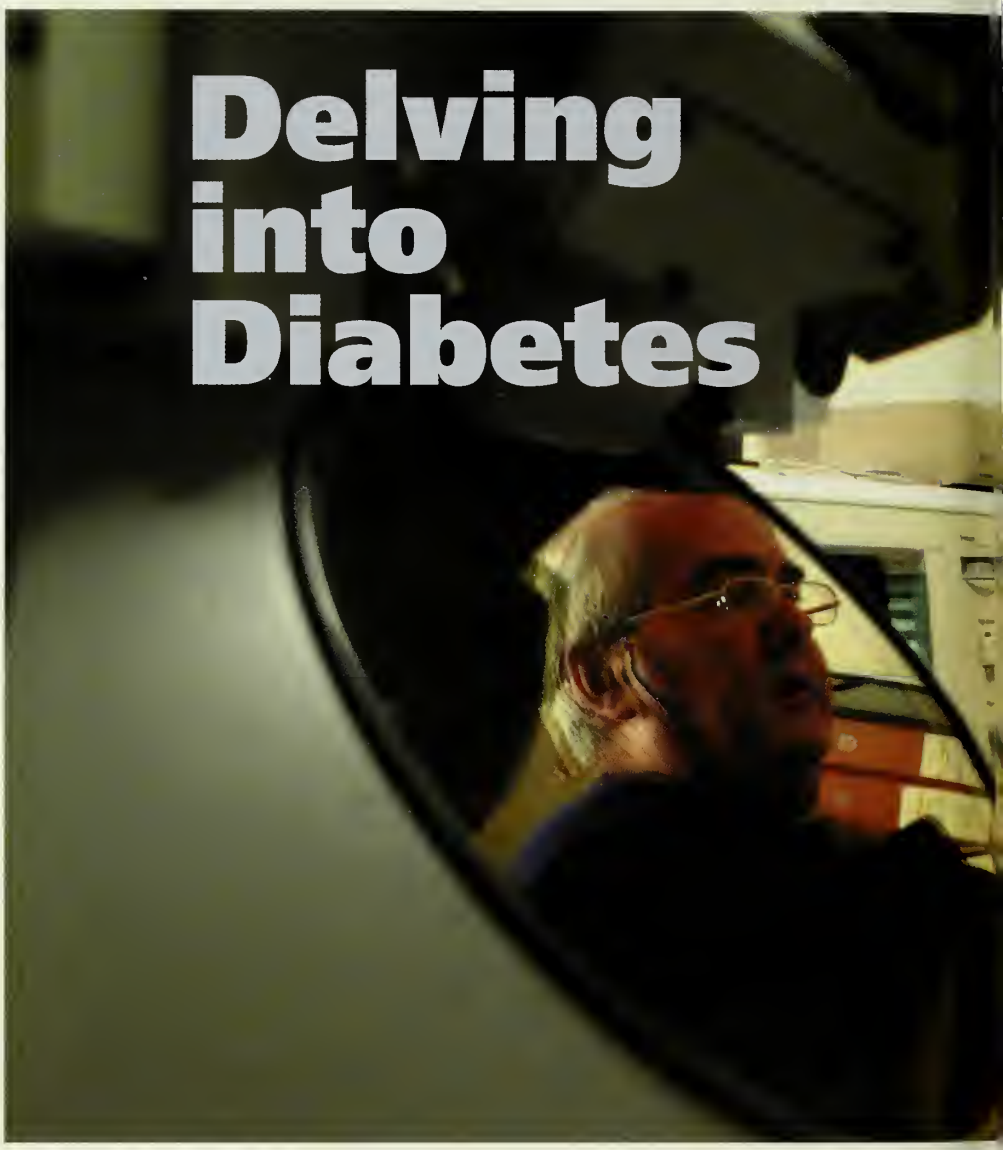
"[Multiple sclerosis] is a very devastating disease that affects primarily young adults and can last for many years with great costs in terms of quality of life and care," said Dr. Robert K. Yu, director of the Institute of Molecular Medicine and Genetics, who recently received a one-year, $32,241 grant from the National Multiple Sclerosis Society for his studies.

By studying normal constituents of the myelin membrane as trigger suspects, he determined that glycolipids, composed primarily of sugars and fats, are one likely candidate.

"These are ubiquitous cells that participate in a lot of common cell functions such as cell recognition, adhesion and migration," Dr. Yu said. By injecting a small amount of a harmless, dead virus so the immune system will mount a protective response, Dr. Yu has immunized laboratory animals with glycolipids. Early results show that the animals develop a multiple sclerosis-like condition. These animals may prove to be a model for further study of the disease.

Delving into Diabetes

Toni Baker



An animal model for diabetes that mimics human diabetics' dramatically accelerated rate of cardiovascular disease has been developed by researchers at the Medical College of Georgia.

Researchers say the swine, with their uncanny humanlike response to diabetes, will provide insight into why human diabetics acquire and die from coronary artery disease and generalized atherosclerosis at two to six times the rate of non-diabetics.

"Diabetics don't die of diabetes; they die from the complications of diabetes, and the most common cause of death in adult diabetics is coronary artery disease," said Dr. Ross G. Gerrity, experimental pathologist at MCG and lead author of the article published in the July issue of *Diabetes*. "We don't know why it is that diabetics have accelerated rates of coronary disease and resultant death; one of the reasons we know so little about it is that, until now, there has not been a good animal model for study."

Coronary artery disease occurs at an accelerated rate in both insulin-dependent and non-insulin-dependent diabetics; it also appears earlier in life, affects women as often as men and is often fatal, Dr. Gerrity said.

By giving young swine streptozotocin, which destroys insulin-producing beta cells in the pancreas, researchers have created diabetes in these animals and shown repeatedly that, within as few as 20 weeks, the combination of a high-fat diet and diabetes can produce severe occlusive coronary artery disease eerily similar to that found in humans, Dr Gerrity said.

He has reproduced the model in about 250 swine, comparing for up to 48 weeks diabetic swine on both high-fat diets and regular diets to non-diabetic swine on high-fat and normal diets. In all cases, histological and biochemical studies showed that diabetic swine with high lipid, or fat, levels had at least double the amount of blood vessel disease seen in their non-diabetic, high-lipid counterparts. *(See clogged artery, bottom right, compared to healthy artery, top right.)* Not only were there more lesions, but the diabetic lesions were more severe and occlusive, Dr. Gerrity said. The swine even tend to develop lesions where humans do: in the first one to three centimeters of the coronary arteries and at branch points in the aorta and iliac arteries. "When you compare the structure of these plaques in humans and swine, they are remarkably similar; diabetic swine plaques develop the severe calcification and other complications seen in humans," he said.

Diabetes occurs spontaneously in at least one strain of swine, and the animals are known to be a good model for studying atherosclerosis, Dr. Gerrity said. Swine, like humans, also develop atherosclerosis spontaneously in old age or if they eat a high-fat diet.

Dr. Gerrity has worked with the swine model of atherosclerosis since 1973; his findings include that scavenger blood cells called monocytes, which migrate into artery walls and ingest excess fat with the idea of removing it, apparently become overburdened in the face of a prolonged high-fat diet. Instead of removing fat from the walls, they over-ingest, becoming lipid-laden foam cells—the hallmark of atherosclerosis—and eventually die in the vessel wall. "Subsequently it's been demonstrated that the same type of thing occurs in the human," he said. "So it's a classic example where an animal model has been very useful in elucidating what happens in human disease."

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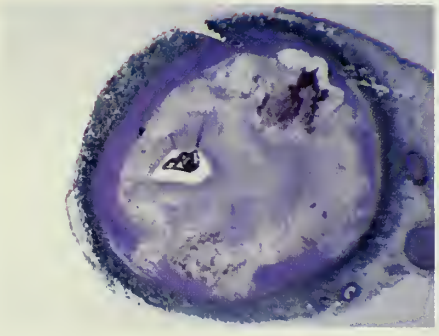

Toni Baker

Dr. Ross Gordon Gerrity is one in 16 million.

He's an avid scientist fascinated by the vasculature that feeds blood and oxygen to the body and brain and the pathology that can befall it.

He's a teacher, who left a career that had taken a turn toward administration to return full time to his studies and to teaching the pathology of cardiovascular disease.

He's a world traveler, born in the prairies of Saskatchewan, earning his doctorate in Australia then moving to Eastern Canada and finally to the United States in 1976.

He's a husband and father of three grown daughters.

And on an October day, he found out that he is a diabetic with cardiovascular disease.

The day began with the vigilant upkeep of his 1891 home and set in odd motion a chain of events that would move him from among the estimated 5 million people in his adopted homeland who don't know they have diabetes to the 11 million who do.

He was working on his roof when the razor knife he was using slipped, nearly severing his index finger. He calmly wrapped his finger, put his tools away and told his wife he probably needed to go to the emergency room.

At the emergency room of MCG Hospital, his elevated blood pressure was attributed to the stress of the day. But the methodical man who had put away his tools and washed off the grime of home

...continued on page 6

It's Personal Now

...continued from page 5
repair *before* going to the hospital doubted it was stress.

Of course, the finger that had pointed him down this road still had to be repaired. Dr. Gerrity already had an inflammatory disorder called fibromatosis affecting the same hand, but the prospect of six months of recovery and therapy had prompted him to indefinitely postpone treatment. Now that he could accomplish two missions at once, he proceeded.

While the nurse was doing the pre-operative work-up, she asked him how long he'd been diabetic.

"Ironic" is how he defines the unfolding scenario in which he would also learn that he was hypertensive and had had a silent heart attack months earlier. During a cardiac catheterization, when the doctors squirted in the dye to get a good look at his blood vessels, Dr. Gerrity looked, too, and saw pathology that was all too familiar. The doctors used angioplasty and a stent to open his clogged vessels. At that moment, when the balloon was inflated to reopen the artery, he felt a vaguely familiar pain and remembered waking up one night, months before, with some remnant of tightness in his chest.

The good news was that this active man who had jogged for years until his knees couldn't take it anymore had extensive collateral circulation that was essentially feeding the entire right side of his heart. It's when the disease became occlusive on the left side as well that he really got into trouble. "They couldn't believe I was still alive and kicking," Dr. Gerrity said of the colleagues who were now his care givers.

So the scientist became a patient and—difficult as it is to imagine—even more impassioned about his work.

"It's personal now," he said.

But listen to him talk and it has always seemed personal.

As a young man, Dr. Gerrity wanted to know how blood vessels form. He earned his undergraduate degree in vertebrate biology and a master's degree in developmental biology at the University of Saskatchewan. Next he found mentors, such as Dr. Wally Cliff at Australian National University, and began studying collagen and elastin, two major structural components of blood vessels.

By 1969, "I was interested in how the blood vessels make these components, how they were laid down, the interactions between cells and connective tissue and what happens when they age," he said of his thesis work.

They were exciting times. Scientists were just beginning to work out techniques for growing and studying vascular cells in tissue culture; they were learning about lipoproteins which, at normal levels, are essential to fat metabolism, and about the production of hormones and cell membranes. But at high levels, lipoproteins deposit in vessel walls, laying down the fat that becomes the foundation for atherosclerosis. The buildup typically occurs where vessels bend and branch. "Straight parts of the vessels have nice, straight blood flow," Dr. Gerrity said. "In areas of curvature or branching, the flow is more disorganized; you get back-and-forth movement that seems to stimulate the production and concentration of all kinds of atherogenic factors in those areas."

To the apparent rescue come the monocytes, elusive cells described as the body's garbage collectors, that move into these areas and take up the fat with the idea of eliminating it. "Our early studies were the first to show that these cells preferentially are attracted to areas in the vessel walls that accumulate lipoproteins and are therefore prone to early formation of atherosclerotic lesions," Dr. Gerrity said of monocytes that are produced by the bone marrow, released into the blood, then migrate into artery walls to become fat-eating macrophages; once they've had their fill, they are called foam cells.

Dr. Ross Gerrity at home with wife Wendy

His studies also have shown that high-fat conditions promote the swarming of monocytes to these sites in the body's apparent effort to save itself. And his work and that of others have shown that this system often works well, noting that such fatty streaks can appear in young children without progressing to disease. Scientists believe these fat-eating cells also play a role when people with diagnosed cardiovascular disease make healthy changes to their diets and lifestyles.

This rescue role seems to change only in the face of so much fat that the foam cells become overburdened, dying in the blood vessel wall, where they exacerbate the disease rather than help eliminate it.

Dr. Gerrity was up to his elbows in these cardiovascular studies when the Juvenile Diabetes Foundation asked him to discuss his work at several international conferences in the late1980s. The foundation wanted cardiovascular experts to help provide

direction on how best to explore the unfortunate coupling of diabetes and cardiovascular disease.

"People who work in atherosclerosis tend to think of diabetes as a severe risk factor for atherosclerosis; people who study diabetes view atherosclerosis as a severe consequence of diabetes," he said. "They are both right, but they are coming at the problem from totally opposite viewpoints."

When he looked at the two, one of the first things he noticed was there was no good animal model for studying—whichever the perspective—why and how diabetics develop accelerated atherosclerosis. He was the director of the Cleveland Research Institute in Ohio at the time, and his ongoing studies and administrative duties kept him from pursuing the matter.

Then in 1990, he came to MCG as a professor of pathology; four years later he was named director of research for the department. That juncture gave him pause to reassess his research and rethink the fundamentals of teaching. He thought about what he wanted to teach medical students about cardiovascular disease. Meanwhile, he was helping review grants and chairing the Fellowship Study Section for the Juvenile Diabetes Foundation. This academic renewal kept pointing him toward diabetes and the fact that there was no good model for how two of the country's biggest killers intertwine.

So like any good scientist, he made the first steps to determine his second steps. He started with a shoestring budget and the pig that he and many others have used for years as a model for cardiovascular disease; by 1995 the first pig had been transformed as well into a model for accelerated and often deadly atherosclerosis that occurs in diabetics.

These days, as he pursues his science, he regularly pauses for just a moment to measure his own blood sugar as well. "It's relentless, it's always there and you always know it's always going to be there," he said of the diabetes that is now a part of his professional and personal life.

He believes that even people who doggedly study the disease cannot realize how it permeates one's life until they live with it. It has certainly changed his; he has fine-tuned his diet and beefed up his exercise program. Sometimes his personal and professional lives mix; he'll do a study on himself, checking, for example, to see if 10 minutes of exercise will bring him back off the ledge when his blood sugar gets too high. "There are areas in my life where I back off, where I don't push myself like I used to. You have to learn to recognize those areas where you can back off, that don't really matter, and you continue to push in the areas that do. There is a fine line sometimes."

As he walks that line, he thinks hard about what he needs to share of the journey with his medical students. "It's a very different kettle of fish understanding the disease academically and being able to read all the research results and living with your own results," said the man who was still putting together the words he will share with his students this year.

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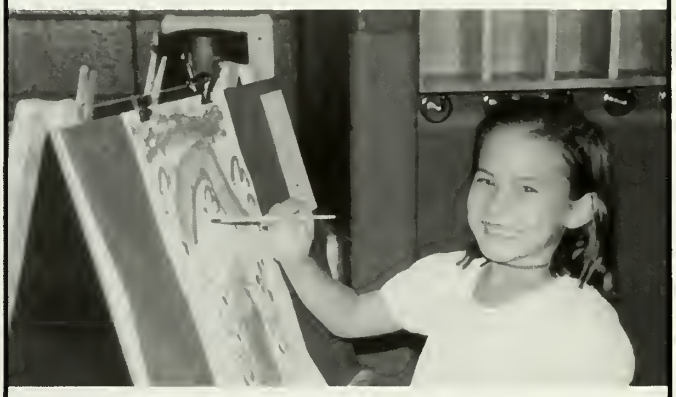

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He believes this new diabetic swine model will do the same for helping understand the vascular devastation that occurs in human diabetics. "With models such as the one I've developed, hopefully we can study the problem at both mechanistic and therapeutic levels. For example, look at cellular mechanisms responsible for the accelerated process or questions such as insulin resistance and try to find mechanisms that are responsible for that," he said. "Maybe that is one approach to finding a way to live with Type 2 diabetes or ameliorate the process."

He has already put the model to work, looking at whether insulin and other anti-diabetic drugs reduce atherosclerosis; data suggest that in humans, even tight control of insulin levels doesn't help in Type 1 diabetes but may be protective in Type 2.

In studies with Drs. Jerry Nadler and Ian Sarembock at the University of Virginia Health Sciences Center, Dr. Gerrity also is looking at why stents—tiny, flexible tubes placed inside coronary arteries to help keep them open after angioplasty—close prematurely in diabetics.

The researchers have found premature closure in the diabetic animal model and now are looking at varying levels of lipids and lipoproteins, fat and proteins that also are a risk factor for atherosclerosis. "The lipid levels do go up in the diabetic swine. But when we maintained cholesterol levels so that they were not significantly different in the diabetic and non-diabetic swine, you still get accelerated plaque formation in the diabetic animal. So there has to be something else," Dr. Gerrity said.

In fact, in the case of stents, the "something else" may be the body's attempt to heal, Dr. Gerrity said, noting the massive connective tissue proliferation that occurs with stents is similar to what occurs in response to inflammation and wound-healing.

He and his collaborators are also looking at lipoxogenase, enzymes produced by various cells that may play a role in accelerated atherosclerosis. In collaboration with researchers at the University of Washington in Seattle, he's

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THE BOLD LOOK OF KOHLER

looking at whether such enzymes are giving lipoproteins a lethal dose of oxygen, thereby accelerating their contribution to vessel-clogging plaque.

The research was funded primarily by the National Institutes of Health and the Juvenile Diabetes Foundation.

Dr. Gerrity just received a five-year, $1.4 million grant from NIH to continue his collaborative studies with the diabetic pig model. The funding is part of renewal of a program project grant for himself and collaborators at the University of Virginia Health Sciences Center.

Much of his work now will be continuing to ensure the availability of his animal model for the studies, he said, predicting that several hundred more pigs will be needed.

"I am excited about the prospects of some of the directions we are headed in," he said. "I believe we have developed a model which we can use to try and understand some of the things that happen in diabetics that we don't understand now."

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Christine Hurley Deriso

A Medical College of Georgia dentist whose research opened the floodgates of teeth-bleaching has determined how to make the procedure virtually painless for patients with sensitive teeth.

"Teeth-bleaching is one of the most significant changes in dentistry in the last 10 years," said Dr. Van Haywood, a professor in the MCG Department of Oral Rehabilitation whose article on the subject in a major dental journal in 1989 prompted dentists worldwide to begin offering the new technology to their patients. "It has become a billion-dollar industry."

But the active ingredients in bleaching products, including carbamide and hydrogen peroxide, can trigger pain in sensitive teeth. "About two-thirds of those who bleach their teeth have tooth sensitivity during treatment," said Dr. Haywood. "Although the sensitivity stops when treatment stops, it is a stumbling block for some people to complete treatment."

Dr. Haywood and his colleagues published an article in the February edition

of *Quintessence International Dental Journal* detailing an easy, inexpensive solution: using a mouth tray to apply desensitizing toothpaste.

"To treat sensitive teeth by simply brushing with a toothpaste for sensitive teeth, the patient would have to brush for two to three weeks to see results," Dr. Haywood said. "But using the mouth tray, it takes only about 30 minutes, and the desensitizing ingredient (potassium nitrate) penetrates the whole tooth." He and his colleagues tested the method on patients with sensitive teeth, most of whom had so little discomfort that they completed the bleaching treatment.

It is somewhat ironic, he noted, that the mouth tray held the solution to the sensitivity problem. A decade ago, the mouth tray transformed teeth-bleaching from a difficult, expensive concept into a simple, practical reality.

A dentist discovered in 1968 that an oral antiseptic used to treat infected gums had the serendipitous side effect of whitening the surrounding teeth if the material was held on with a mouth tray. He shared his idea with other dentists, who eventually shared it with Dr. Haywood and invited him to research the effectiveness of the treatment. Dr. Haywood found that it worked like a charm. His resulting write-up with a colleague in *Quintessence International Dental Journal* was the first published article in the world on a practical and efficacious method of teeth-bleaching.

Dentists now custom-fit mouth guards for their patients and modify them when necessary for specific circumstances—for instance, to lighten a single dark tooth. Bleaching technology has evolved in other ways as well, Dr. Haywood said; for instance, he and his colleagues demonstrated that teeth stained by the antibiotic, tetracycline, can be lightened with extended treatment times.

Today, Dr. Haywood said, millions of people use the technology to combat the potentially teeth-darkening effects of aging, smoking, coffee, trauma, some medications and even heredity. "Your teeth have a genetic color, just like hair color or eye color," he said. "Some teeth are naturally whiter than others. When we bleach teeth, we aim to match the color of the teeth with the whites of the patient's eyes. That's what looks the most natural."

He advises people to forgo over-the-counter bleaching products and opt for professional work by a dentist. "The cause of the staining must be diagnosed first, which requires a proper dental examination and, often, X-rays," he said. "If a tooth is dark because it is abscessed, it needs another treatment, not bleaching. And so much of the efficacy of bleaching depends on using the proper, safe material and a custom-fitted mouth tray. The over-the-counter products are one-size-fits-all and involve no diagnosis or ongoing care."

The cost for whitening top and bottom teeth is generally under $500, he said, which he considers one of the best esthetic investments available. "Bleaching takes about 10 years off your age after you pass 40," he said. "It can make a tremendous difference in your appearance and self-confidence."

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CARTER'S MENAGERIE

Christine Hurley Deriso

Welcome to Kip Carter's dog-and-pony show.

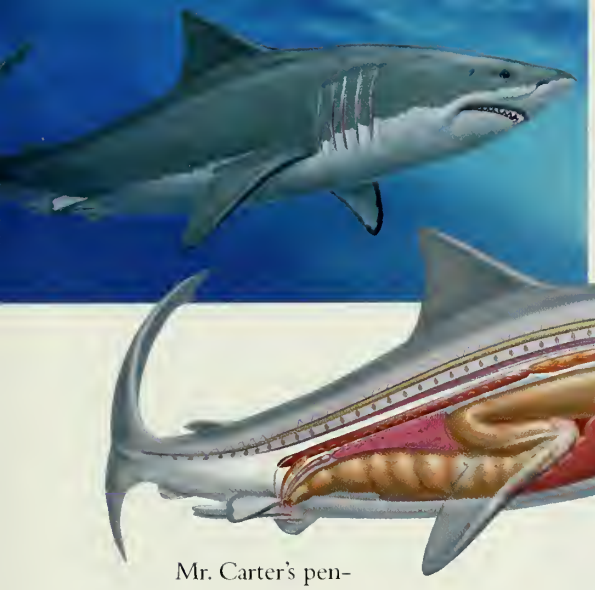
In his compact and preternaturally tidy office at the University of Georgia, the crackle of creative energy is almost audible. His computer screen bursts with colorful, three-dimensional, moving images of horses, dogs, sharks...their insides and outsides, their gaits and gallops, their organs and muscles, their vibrancy and infirmity. Click on the computer and watch a fetal colt in the breech position lumber through the birth canal. Click again to see a horse's intestine knotting—a frequent consequence of the mammal's idiosyncratic anatomy. Yet another click highlights cranial nerves as a Labrador retriever rotates his head.

Or turn off the computer and browse through one of the many books, journals and magazines in Mr. Carter's office featuring animal illustrations. Some show textbook precision. Others look like Renaissance paintings. Still others are caricatures and cartoons.

Despite the dizzying variety of styles, forms and media, the entire menagerie was created by Mr. Carter, a 1981 graduate of the Medical College of Georgia Department of Medical Illustration. Mr. Carter, an Atlanta native, didn't dream when earning his degree that he was destined to become the Doctor Doolittle of medical illustration. But he found that his education prepared him thoroughly for any career opportunity in the field that came along...and along came the animals.

He joined the University of Georgia College of Veterinary Medicine in 1982, anxious to work with mentor Dan Beisel and hoping to hone his skills with pen and ink. "I expected to be here two years and move on," Mr. Carter says.

Those two years morphed into almost two decades...and counting. "We have the whole animal kingdom to study here, which constantly keeps us on our toes," says Mr. Carter, who produces art for the college's educational, research and clinical needs. "This job is always interesting."



Mr. Carter's pen-and-ink career has largely gone the way of the dinosaur. As Mr. Carter's career unfolded, so did the computer revolution, and medical illustration would never be the same.

"I was intimidated by computers at first, but then I realized the opportunities they created," he said. "For instance, artists can store volumes of our work on catalogued CDs, saving them in layers to create a remarkably flexible library.

"The magical 'undo' command has transformed my former shyness toward risk-taking into a burning desire to experiment. Why worry when you can control the final image with exact precision?"

Of course, the art itself is only one aspect of a medical illustrator's work. Mr. Carter has to be as knowledgeable about anatomy as the college's veterinarians. He has to understand the faculty's research thoroughly enough to be able to explain it visually. He has to grasp the mind-set of students so he can create art to ensure their understanding of complex material. He has to master organizational and business management skills that enable him to stay on top of a daunting workload with exacting deadlines.

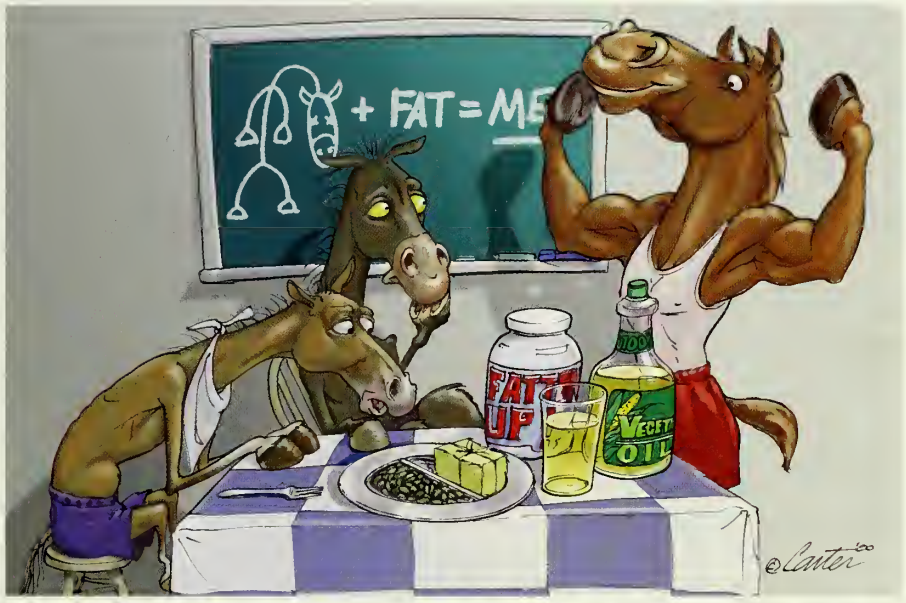
"The guy's phenomenal," says Dr. James Moore, professor and head of the college's Department of Large Animal Medicine. "He's the most talented individual I've ever interacted with, bar none. He takes pride in his work and very often knows the subject matter if not as well as then better than the person he's working with. He always exceeds my wildest expectation. I can't tell you how many times I've walked out of his office knowing he's provided things I couldn't have gotten anywhere else."

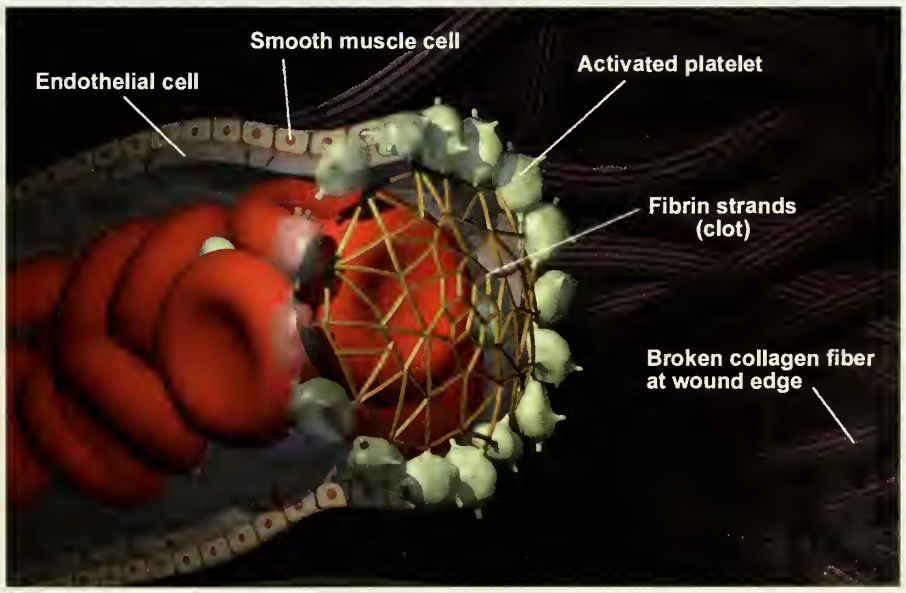
And Mr. Carter has gone farther still, helping the faculty write instructional grants to bring extramural funding to the College of Veterinary Medicine and to Educational Resources, his official employer. He and his colleagues have been extraordinarily successful, obtaining funding for staffing and equipment, among other resources.

The results? A dazzling array of state-of-the-art visual material for students, faculty, alumni, continuing-education students and the public at large. "Educational Resources is a premier unit because we have an extremely talented staff," Mr. Carter says.

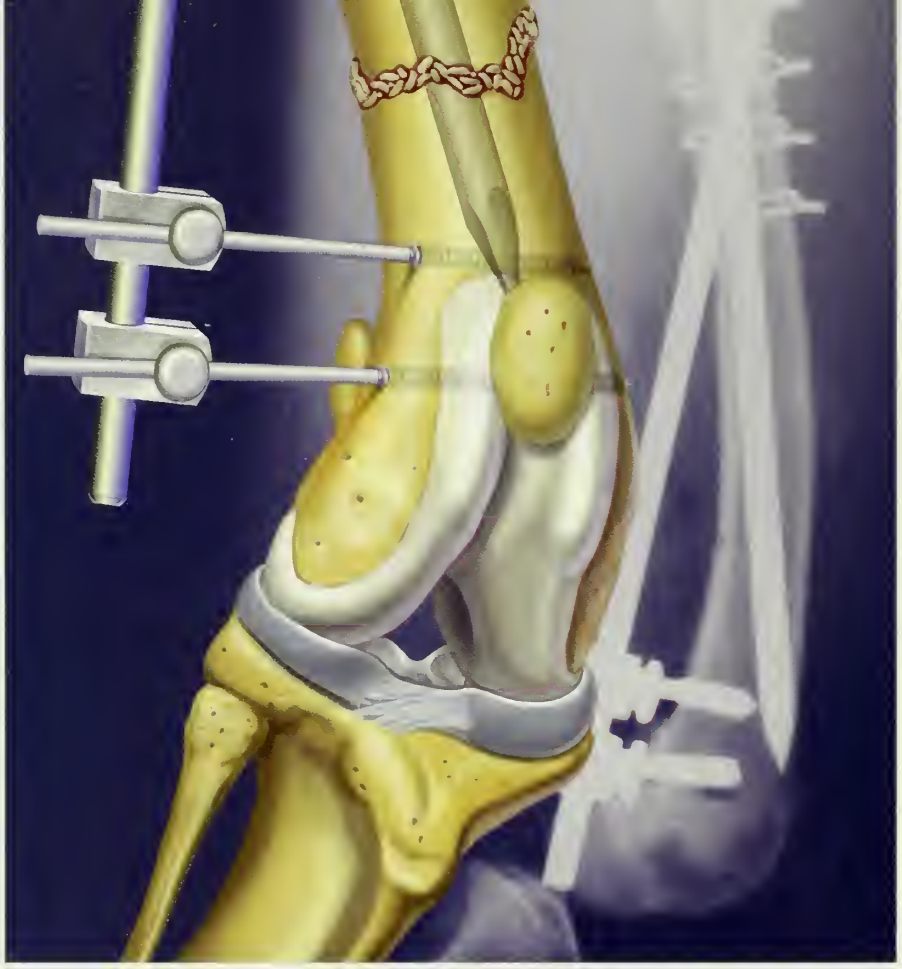
Dr. Moore often attends national meetings of veterinary scientists and uses presentations designed by Educational Resources. "You can instantly recognize that it's our school by the quality of their work," he says. "[We leave] other schools in the dust."

As the opportunities grow, so do the





All illustrations on pages 13-14 ©K. Carter



challenges. Mr. Carter's career requires immense flexibility, an asset he largely attributes to his MCG education.

"I am so grateful to the MCG faculty for teaching me how to problem-solve and how to use texture, lighting and perspective to draw attention to exactly what I want people to see," he says. "Attending an excellent medical school was crucial toward developing a firm understanding of veterinary anatomy and physiology."

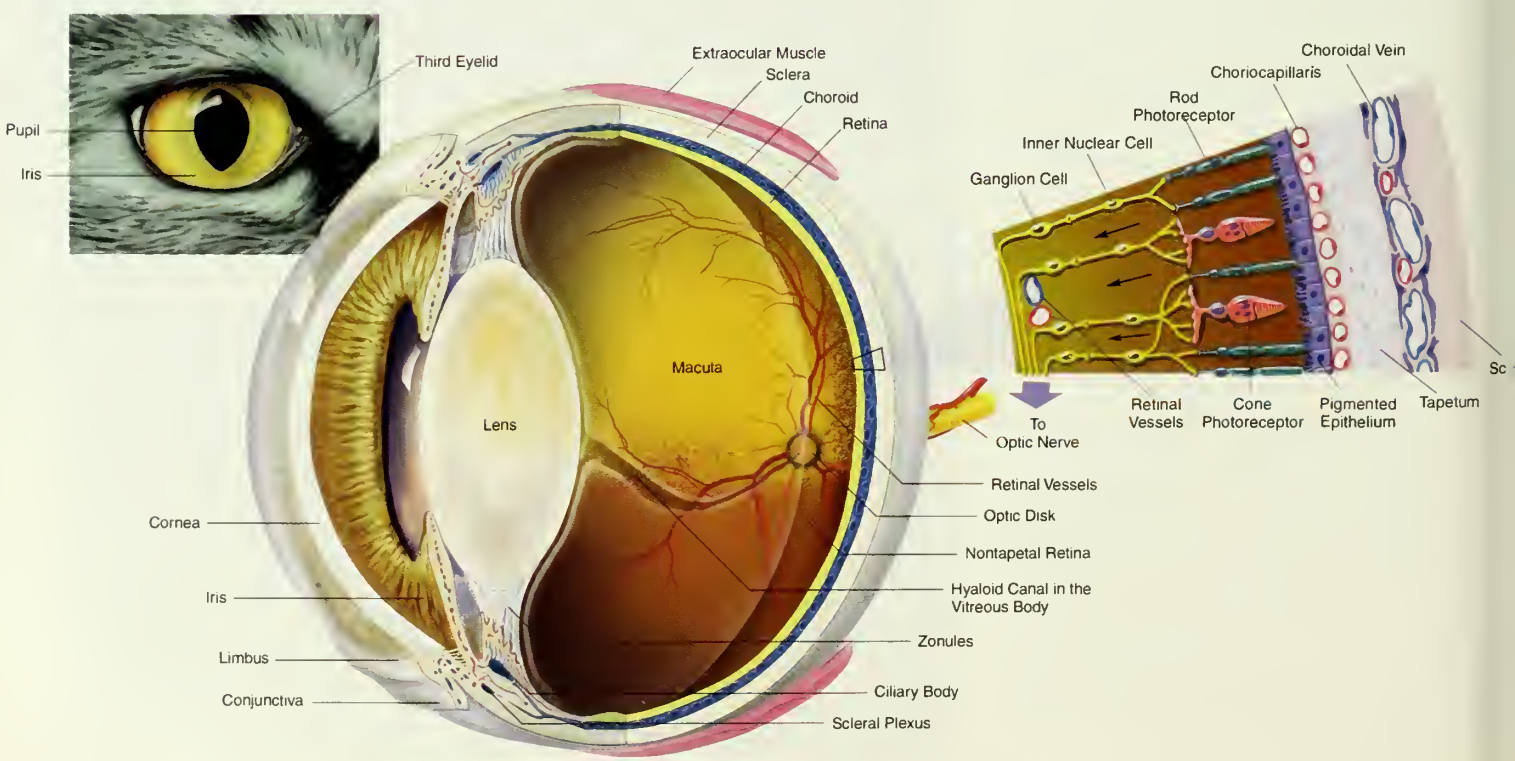
He enjoys the variety of his work, and—antithetical to the moody-artist stereotype—he revels in the interaction.

"I'm a team player," he says. "Developing relationships are very important in this business. You have to ask the right questions and be a good listener."

"He's great with people," says Mr. Carter's wife, Olga. "I think that's a gift. And he loves to learn from other people's work. It inspires him constantly."

Complex undertakings, such as instructional design grant projects, require that Mr. Carter work extensively

ANATOMY OF THE FELINE EYE



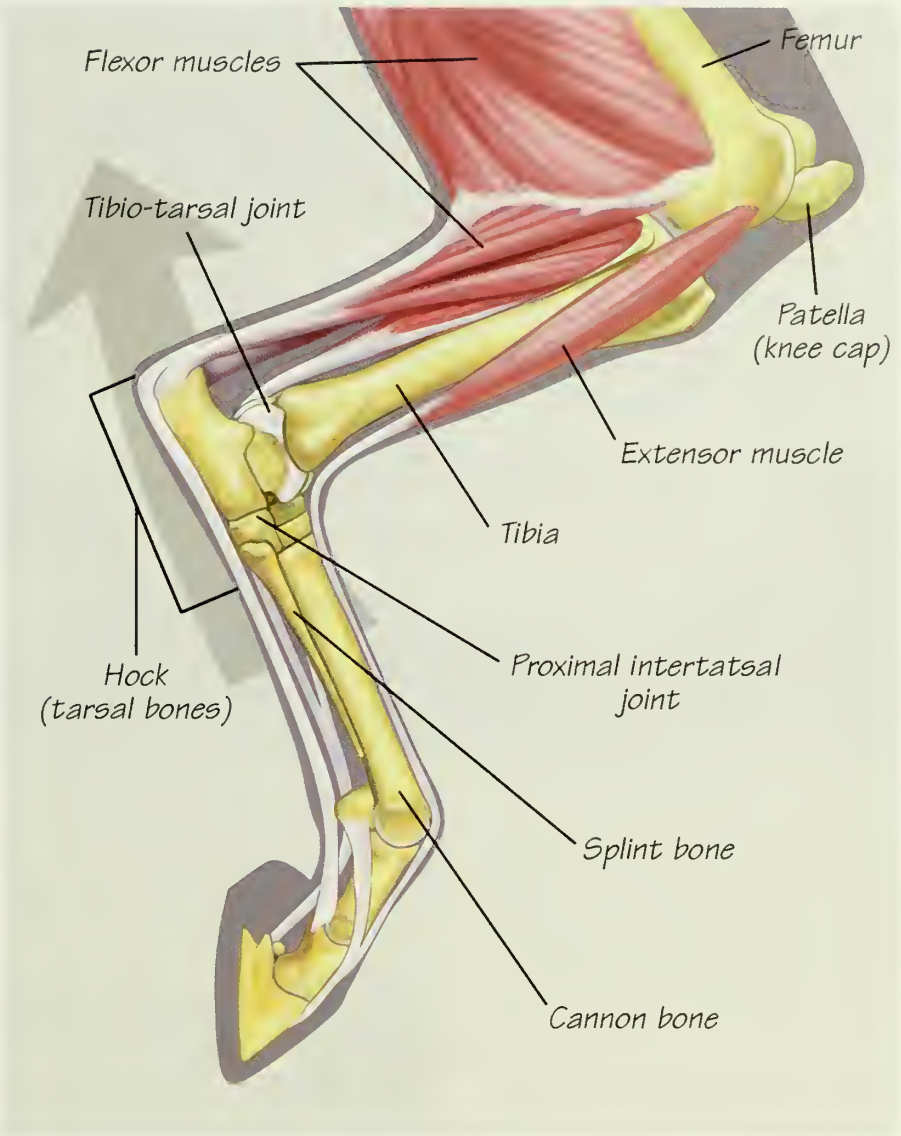
with the veterinary faculty, instructional designers and three-dimension specialists from day one, sharing ideas and understanding their goals well enough to guide the process.

"Careful planning, good communication and a thorough understanding of the subject and target audience is essential to the success of the team," he says. "Our instructional design grant projects are much more complicated than books. We develop a production manual for each instructional design grant before scheduling it into Educational Resources." His manual contains approved storyboards for each animated sequence of a project, providing details for the cast members, environment, lighting, camera angles, action and narration. Ultimately, the instructional designer conducts a symphony of photography, video, illustration and three-dimensional animation to ignite the imagination of the student who navigates independently through the lesson.

Projects include a digital glass horse that begins with normal digestive tract anatomy and culminates in realistic animation of the mechanisms causing colic. Others illustrate and explain topics such as canine cranial nerves and wound-healing.

If such esoterica seems daunting, rest assured that other aspects of Mr. Carter's work are decidedly more playful. For instance, as a freelancer, he often creates editorial cartoons for *Horse & Rider Magazine,* one of his regular clients. "Cartoons are a blessing when the subject matter is very distasteful, such as disposal of manure," he notes, "or when a subject is too difficult to depict realistically, such as the problems associated with isolating a sick horse. Sometimes a topic just needs a humorous point of view, such as the benefits of adding fat to your horse's diet. It's nice to have the option to get a little crazy. Good cartooning is like telling a visual joke. You have to really connect with your audience and make ordinary life look absolutely ridiculous."

To accommodate his freelancing career, he has transformed his dining room into a media center. His wife and two children have learned to tolerate, and even enjoy, his zeal. "He loves art," his wife says simply. "And he's a wonderful father who inspires our children constantly. He's a great guy."



A seamless home and professional life is second nature to Mr. Carter, whose father, Clint, was a realistic land and seascape painter in Atlanta. He painted daily in his home studio and taught classes in watercolor and acrylic technique along the east coast. "He was a lifelong teacher and my closest friend," his son says. "He ignited the artist in me and honed my skills."

As was true of his father, the joy of Mr. Carter's life is that his work is his fun. When he's at work, he can't wait to get home and work on his latest freelance project–and vice versa. "My freelance work and my work at UGA complement each other," he says. "I guess they use different areas of my brain. One job is more analytical, one's more creative. I haven't burned out because I'm always switching gears."

At any given moment, he's got computer animations, storyboards, book illustrations, grant proposals and editorial illustrations in the hopper. But Mr. Carter is nothing short of serene as he methodically moves from one project to the next. His work is so meticulously scheduled that he seldom feels overwhelmed. With the panic factor out of the way, he's free to concentrate on his art. "Two factors make a medical illustrator successful," he muses. "One is a reputation of dependability. The second is carving out a niche. Once you become specialized, people rely on you it's easy to build a career."

THE *Mommy* PARADOX

Katja Sipple

Bobbie Gregory seems to be living the American dream. She has a nice new home in a quiet subdivision, a loving husband and two healthy children.

She's not surprised that people react with shock, even disbelief, when she confides that she often feels very overwhelmed and unhappy. She doesn't really understand it herself. After all, motherhood is supposed to be the happiest and most fulfilling time of a woman's life…right?

"A lot of people fall into the trap of thinking that becoming a mother is the easiest and most natural thing," said Dr. Nancy Troy *(far right, with students)*, an associate professor of the Medical College of Georgia Department of Parent-Child Nursing. "They are really surprised when they find that it's not the anticipated fairy tale."

Mrs. Gregory, a special-education teacher, has a 2-year-old son, Hunter, and a newborn, Jonah. Shortly before Jonah was born, her family moved into a new home in North Augusta, S.C. "I did not anticipate the degree of stress caused by packing and moving," she said. "I was already worn out before the baby was born."

Jonah was born May 8, and Mrs. Gregory believes her fatigue worsened during her hospital stay, noting she had little Jonah with her all day and was hardly able to rest. When she went home, her fatigue became overwhelming. "I had a hard time getting up in the middle of the night to breast-feed Jonah, fell asleep during feeding sessions and sat around in my pajamas all day long," she said. "I became very forgetful, and even tried to put newborn diapers on my 2-year-old. It was the worst experience, because I always had a good memory. I thought I was going crazy."

Dr. Troy knows that Mrs. Gregory is not crazy. "Bobbie is experiencing the classic symptoms of postpartum fatigue, which is quite common in new mothers, and doesn't end at six weeks after birth like most people say it does. Unfortunately, many people have never even heard of postpartum fatigue."

Dr. Troy began studying postpartum fatigue in 1992 and discovered that even health care professionals underestimate the problem. "Most people, even in health care fields, believe that it's a normal part of being a new mom and will be over in six weeks," she said. "But my research has shown that it doesn't end at six weeks, [and] that mothers are even more tired, and have less energy then, than right after giving birth."

Postpartum fatigue is a complex phenomenon related to physiological, psychological and situational factors. The physiological factors of fatigue are often directly related to the childbirth experience and the first weeks after delivery, but according to Dr. Troy, health problems like anemia can also impact energy levels. The psychological components often include depression, lack of sleep and stress, while the situa-

tional factors are related to caring for a new baby, handling multiple roles and returning to the workplace. "Untreated postpartum fatigue can interfere not just with a new mother's ability to care for her baby, but with her ability to enjoy motherhood," said Dr. Troy.

Mrs. Gregory felt overwhelmed when Jonah became colicky, developed lactose intolerance and awoke several times each night. "My first pregnancy was so much easier, Hunter slept through the night and I was back to normal within five weeks," she recalled. "This time, I had torturous nights after I had to quit breast-feeding and developed very painful, swollen breasts."

Because postpartum fatigue is not very well-researched, Dr. Troy said many new mothers blame themselves for their perceived inadequacy to optimally perform their multiple roles as caretakers, spouses, housekeepers and, in many cases, employees. Dr. Troy's research shows that six weeks after giving birth, 92 percent of mothers were doing all or most of the housework and infant care. This percentage dropped slightly to 79 percent about 16 months after delivering, but 89 percent of these women work outside the home. "My husband helps with the household chores, but I feel guilty when I take naps, because I think I need to do something around the house. We still haven't finished Jonah's nursery, and I don't like it when the house isn't in order," Mrs. Gregory said with a faint smile. "I'm a very organized person, and it really bothers me that everything is in disorder now."

Lack of extended family support—Mrs. Gregory's mother could not help out this time—and her husband's shift work also exacerbated her stress. "I really had to force myself to eat," she said. "My husband was concerned, and we were both very irritable for a time, which only made the situation worse. Hunter found me fast asleep on the couch one morning and woke me up—a scary thought to have a 2-year-old wandering around the house without supervision."

With ever-shortening hospital stays and a majority of new mothers returning to a job outside the home, according to Dr. Troy, women often lack the opportunity to learn about child- and self-care, noting the importance of self-care activities like exercising and spending time with friends. Drs. Troy and Peggy Dalgas-Pelish of the University of Nebraska Medical Center College of Nursing in Ohama developed a self-care intervention guide, *The Tiredness Management Guide,* to help women identify sources of fatigue, as well as tips and techniques to reduce it. The guide identifies eight potential sources, including infections, lack of sleep, pain and discomfort, that may cause fatigue. Dr. Troy, the recipient of the MCG School of Nursing's 1999 E. Louise Grant Faculty Scholar Award, has created three formats—booklet, videotape and CD-ROM—for the guide. She is sharing all three formats with a group of new mothers, including Mrs. Gregory, to determine the format they prefer.

"I'm keeping a weekly diary, where I write about what I did and how tired I was," Mrs. Gregory said. "Dr. Troy [has also sent] me the fatigue guide, and I guess I'll see what works best for me."

"The study measures tiredness and energy levels, and finds out about the women's experiences and opinions," Dr. Troy explained. "My goal is to find out what's going on in the first two years, and why mothers don't take care of themselves."

For Mrs. Gregory, who went back to work in August, the study has already made a difference. "I realize now that I'm not alone and I'm not crazy. I'm starting to feel better about myself and take pride in little accomplishments."

'An Awesome Team'

Michele Douglass

Fourteen-year-old Aaron Montgomery had been the proud owner of a go-cart a whole month before his mom finally agreed to let him take her for a spin on a warm and sunny Saturday. Aaron's dad, Rick, grabbed his camera. This was going to be a Kodak moment.

Mary ducked under the roll cage, slid next to Aaron into the two-seater and strapped the safety harness on tight.

As Aaron descended the driveway and turned right, Rick stood, camera ready, waving goodbye to his wife and son. He'd snap their picture upon their return. Meanwhile, he walked to the end of the driveway, trying to see past the bushes that obstructed his view. Aaron's 10-year-old sister, Brittany, sat on the steps patiently, waiting for her turn on the go-cart when Mom got back.

In that instant, the family's world came crashing down around them.

Tires screeched. Metal crunched. Rick flew up the street and saw that Aaron's go-cart was almost completely pinned under a one-ton truck. The roll cage was the only thing that kept Mary and Aaron from being crushed. Mary's torso was lodged under the truck's bumper.

"Get that truck off my wife!" Rick screamed. "Call 911! Lady, please back up and get your truck off my wife!"

When the horrified driver finally managed to move the truck, Rick feared Mary was dead. She was bruised and bleeding from her nose. He rushed over to see if she was breathing. She was.

Aaron opened his eyes. He turned off the engine but was in a daze. Rick checked his airway and helped him out of the go-cart. He sat Aaron in the grass with a neighbor and turned his attention to Mary.

Mary and Aaron Montgomery

She was silent, but Brittany's hysterical screams pierced the air. Police and ambulance sirens wailed, jolting Mary into the reality of her tragedy. She wanted to stand up, but Rick wouldn't let her. Emergency Medical Services moved in quickly. The paramedics examined Mary and Aaron and transferred them into the ambulance. As they whisked through the crowd with sirens blaring, the paramedics told Rick, "If you want your wife to live, we need to rush her straight to the Trauma Center at MCG." Rick agreed.

The MCG Trauma Center, the first Level I trauma center designated in the state of Georgia, provides a coordinated team approach to rapidly evaluating and managing trauma patients from arrival at the Emergency Department doors through discharge. This requires a commitment from the medical staff and hospital administration to ensure the 24-hour availability of specially trained personnel and equipment. "In 1981, the Georgia Department of Human Resources recognized that trauma care was being done sporadically," said Dr. Michael Hawkins, chief of the MCG Section of Trauma/Critical Care. "Some hospitals provided adequate care, but some were not staffed or equipped to handle severe emergency situations. So, after a vigorous screening process, the state designated regional trauma centers at major hospitals willing to make a commitment to provide care for critically injured patients. Less-injured patients were well-managed by local and community hospitals."

MCG's Trauma Center treats about 1,600 patients a year, 75 percent of whom are involved in motor vehicle crashes. "Patients deserve a rapid response, appropriate assessment and management," Dr. Hawkins said. "[Even if] they 'look' normal, some things occur that may not be thought of or easily diagnosed."

To further bolster its treatment of critically ill and injured patients, MCG's Emergency and Express Care Services staffs an Emergency Communications Center with paramedics who coordinate and expedite emergency referrals including trauma transfers. As an ambulance rushed Mary and Aaron to MCG, paramedics were relaying information about their injuries, vital signs and estimated time of arrival to the Emergency Communications Center staff, which alerted the trauma response team. A trauma surgeon, surgical residents, emergency medicine physicians, anesthesiologist, nurses, respiratory therapist, radiology technicians and the Department of Safety and Security converged to prepare for their arrival.

When the ambulance arrived, they sprang into action. Doctors and nurses assessed the patients' injuries, summoning an orthopedist after determining Aaron's arm was fractured. Mary's situation was more grave. She was in shock and had numerous injuries. When they determined she was bleeding internally, all other work-ups came to a halt. The hemorrhaging had to be stopped and there was no time to waste. "If we had spent any additional time looking for other subtle injuries, Mary would have bled to death," said Dr. Thomas Howdieshell, *(above, with colleagues)* associate professor of surgery in the Section of Trauma/Surgical Critical Care.

As Mary was rushed to the operating room, she asked Rick if she was dreaming. "No," he said gently. She wasn't dreaming.

Once in surgery, the anesthesiologist found Mary couldn't be intubated because of facial fractures. Surgeons made a small incision in her neck and inserted a tube directly into her airway. As the anesthesiologist administered medicine, Mary drifted into sleep.

The three-hour surgery that followed uncovered the grim extent of her

wounds. Dr. Ed Sizemore, chief resident in surgery, removed her ruptured spleen, excised an irreparably damaged section of her small intestine and repaired her damaged and bleeding liver.

Suddenly, Mary's body temperature dropped, her blood-clotting mechanism faltered and the acid level in her bloodstream surged. "She was in very critical condition," Dr. Howdieshell said. "We decided not to re-connect the [gastrointestinal] tract at that time. We left it discontinuous on purpose, knowing we would have to come back in another operation and repair it."

After 24 hours in the Shock Trauma Intensive Care Unit where nurses diligently worked to stabilize her, Mary returned to surgery. Dr. Howdieshell reattached her gastrointestinal tract and Dr. Michael Tucker, an orthopedic surgeon, set her fractured pelvic bones. Her temporary airway was converted to a more permanent one and oral surgeons assessed her facial fractures.

Throughout the ordeal, physicians, nurses and patient representatives kept Rick fully informed about the condition of his wife and son. He was given all the facts, which he used to make major decisions about the care of his loved ones. "They were just as wonderful as they could be," he said. "They're an awesome team. Everybody kept me very informed. They had [their] well-being in mind, with all the different things they needed to do. It was a crazy situation, and they handled it in a controlled, professional way."

Mary spent 14 days in the hospital, where her care continued and a physical therapist guided her through exercises to strengthen her hips. She began walking long before expected.

Today, life has returned to normal for the Montgomery family. But their ordeal will never be forgotten. "What started out as a normal let's-have-fun Saturday suddenly became one of those days you never forget," Rick said. "The police are coming, your children are screaming and your wife has just been hit by a truck. Fortunately, the Medical College of Georgia saved my wife's life. What more can I say? They saved her life. I thank God we came here."

Growth Spurt

Patient volume in Medical College of Georgia *Emergency and Express Care Services,* the front door of the MCG Trauma Center, has increased dramatically in the past few years.

In fiscal 2001, *Emergency and Express Care Services* treated more than 60,000 patients, an increase of 53.4 percent since 1995. Hospital admissions through the service have climbed 40.6 percent in six years, and pediatric patient volumes have increased annually by 15 percent.

"I think our growth is the single best testimonial that our quest for high quality and exceptional service is being recognized by those we aim to serve," said Dr. Larry Mellick, chairman of the MCG Department of Emergency Medicine.

Emergency and Express Care Services is optimally structured to provide the highest level of care for all types of emergencies, Dr. Mellick said. "The staff is a unified team of well-trained, board-certified emergency medicine physicians and skilled, experienced nurses committed to providing patient-focused, quality care," he said. "The physicians have an impressive depth of knowledge and are constantly striving to go even further and gain more depth in their specialties."

The intense cooperation and teamwork that many hospitals implement exclusively during codes and resuscitations are put into practice for each MCG emergency patient, he noted.

"The acute-care level in this emergency department is very high," said Dr. Eliezer Akri, a third-year resident.

"When patients need immediate intervention to prevent disastrous outcomes, teamwork is very important. Emergency situations are addressed immediately, beginning with the initial nurses' evaluation at triage. The cooperation continues between the residents and the attending physicians. We have a well-oiled mechanism here."

As part of the state's health sciences university, *Emergency and Express Care Services* has instant access to colleagues who can share information and discuss diagnoses, Dr. Mellick said, and the staff itself has a broad range of expertise.

"We've all been trained in different areas of the country," said Dr. Jim Sinex, an MCG emergency medicine physician. "Therefore, we've all learned different clinical methods of treating the same condition. It's a great advantage for residents to be able to work with each of us and learn different ways of handling a single medical condition."

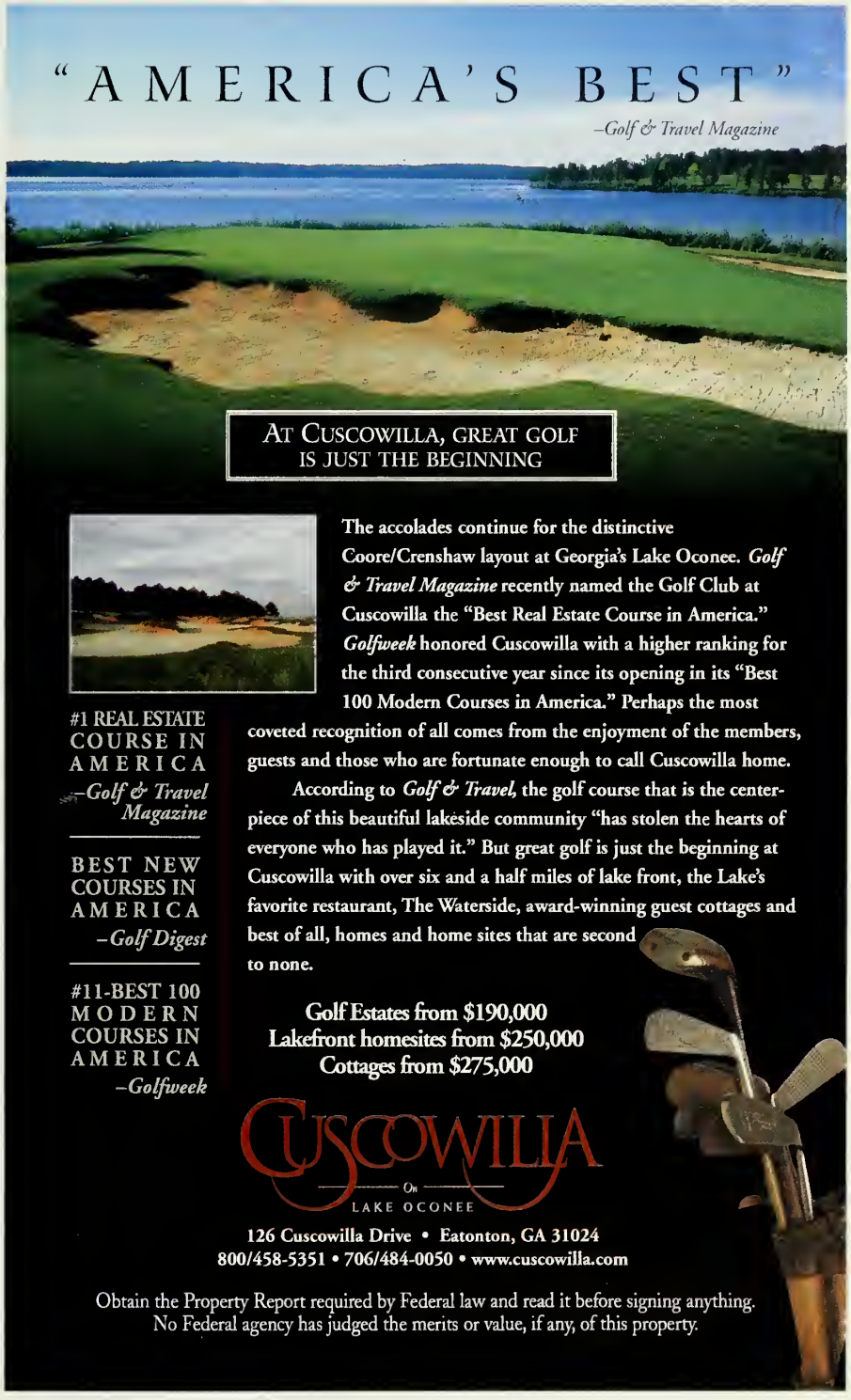
"Our program keeps physicians constantly challenged to maintain a high level of accuracy and it establishes a system of checks and balances to better safeguard the patients," Dr. Mellick said.

MCG houses one of only two training facilities in Georgia for physicians specializing in emergency medicine. Eight physicians a year are accepted into the three-year program. This year, MCG also introduced a one-year postgraduate program for physician assistants seeking further training in emergency medicine.

Emergency and Express Care Services is divided into a critical/trauma area, an acute-care area, Express Care (urgent care) and a pediatric emergency department. Its Emergency Communications Center determines how MCG can best serve referring physicians and their patients. ECC coordinates emergency transports and helicopter transports for patients who require immediate medical attention.

Emergency and Express Care Services' high-speed computers, rapid Internet access and digital palm technology have become routine tools in patient care. Its computerized patient-tracking system helps the staff track patients through the department and instantly access information such as laboratory and X-ray results. "This will allow nurses to do paperless charting, which allows more time to be spent with the patients," said Linda Baggott, patient care coordinator and a registered nurse. The staff also uses two-way radios and digital phones to save time, reduce overhead paging and improve communication.

"I ask people who live far away why they come to MCG," said Shirley Rook, senior staff nurse, "and over and over they tell me the same thing: 'I knew if I came to MCG they would find out what's wrong with me. I know you can discover it.' People wouldn't keep coming here if they weren't getting the care they're seeking. This sets us apart from the rest."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No Federal agency has judged the merits or value, if any, of this property.

A Close Look at New Tax Legislation

By now I am sure you have heard countless interpretations of the new tax cut bill that recently became law. The Economic Growth and Tax Relief Reconciliation Act of 2001 is being touted by some as the end of estate and gift taxes and a meaningful reduction in income tax rates. Others complain it is simply a piece of political showmanship that delivers no real change. Who's right? Well, in a compromise that could only be reached in Washington, both are. Let's take a close look at the provisions for the reduction in income tax rates and the reduction and repeal of estate and gift taxes as they are detailed in the *Summary of Provisions Contained in the Conference Agreement for H.R. 136, the Economic Growth and Tax Relief Reconciliation Act of 2001,* JCX-50-01 (May 26, 2001) prepared by the Joint Committee on Taxation.

The table below shows the schedule of regular income tax rate reductions effective July 1, 2001.

Calendar Year	*28% rate reduced to:*	*31% rate reduced to:*	*36% rate reduced to:*	*39.6% rate reduced to:*
2001-2003	27%	30%	35%	38.6%
2004-2005	26%	29%	34%	37.6%
2006-2010	25%	28%	33%	35%
2011- ?	**28%**	**31%**	**36%**	**39.6%**

The provision also establishes a new 10 percent income tax rate bracket to replace the 15 percent bracket. To provide the benefit of this new 10 percent bracket for 2001, taxpayers are entitled to a credit of 5 percent (the difference between the 15 percent rate and the 10 percent rate) of income that would have been eligible for the new 10 percent rate. Congress decided that taxpayers shouldn't have to wait to file their 2001 tax returns to receive this credit. Thus, the much talked about $300, $500 or $600 checks were mailed over the summer.

The tax bill also contains provisions to raise the amount of the estate and gift tax transfer exemption amounts—how much money you can pass to your designated heirs tax-free. Additionally, the rate of taxation levied on amounts above the exemption amounts are reduced.

Calendar Year	*Estate and Gift tax transfer exemption*	*Highest estate and gift tax rates*
2002	$1 million	50%
2003	$1 million	49%
2004	$1.5 million	48%
2005	$1.5 million	47%
2006	$2 million	46%
2007	$2 million	45%
2008	$2 million	45%
2009	$3.5 million	45%
2010	N/A taxes repealed	Gift tax only @ 35%
2011 - ?	**$675,000**	**55%**

By now, I am sure you have re-read both tables. Are the last lines on both table typos? No, they are perfectly correct. This sleight of hand was achieved by an item placed in the bill known as the Sunset Provision. According to the *Summary of Provisions,* "To ensure compliance with the Congressional Budget Act of 1974, the conference agreement provides that all provisions of the bill generally do not apply for taxable, plan or limitation years beginning after December 31, 2010." That's right, the estate tax is repealed for only one year—2010. To make matters worse, all provisions of the tax cut do not apply after 2010. Everything from income tax rates, child-care tax credits and estate tax rates—all relief granted disappears. Taxation will return just as it was in 2000.

Before you make plans to die in 2010, keep in mind Congress can change any provision of the tax bill during any session between now and 2010. The whole situation reminds me of a Will Rogers quote: "The difference between death and taxes is death doesn't get any worse every time Congress meets."

Whatever form the tax code may take, there is simply no better way to minimize your tax exposure and ensure your assets are used according to your wishes than good estate-planning. The estate-planning process allows you to determine your goals and how they will be achieved. Given the fact the government allows unlimited estate tax deductions for charitable gifts, planned giving can play a big role in reducing or eliminating your estate taxes and allowing you to control where your assets go. A planned gift can enable you to:

- Donate assets, yet defer the time MCG receives them
- Receive a current income tax deduction
- Avoid capital gains tax
- Receive a lifetime income for you and your beneficiaries, often at an increase to the amount being provided now
- Reduce or eliminate estate and generation-skipping taxes
- Make a larger gift than you ever thought possible

Please visit a financial professional specializing in estate-planning to make sure your hard-earned assets can help you realize your life's dreams—today and tomorrow. MCG's Planned Giving Office is experienced in helping individuals create customized strategies to meet specific needs. Call me, Troy Breitmann, certified financial planner, at 1-800-869-1113 for more information.

The information in this article is not intended as legal advice. For legal advice, please consult an attorney. Tax laws are subject to change, which may affect statements in this article.

Summary Statement of Current Funds Revenues, Expenditures and Other Changes
Year Ended June 30, 2001

	Unrestricted			
	Educational and General	Auxiliary Enterprises	Restricted	TOTAL CURRENT FUNDS
Revenue				
Educational and General Revenues				
Student Tuition and Fees	$ 11,836,270.64	$ 0.00	$ 0.00	$ 11,836,270.64
Federal Appropriations				
State Appropriations	144,671,994.00			144,671,994.00
Equipment/Technology/Construction Trust Fund	718,694.00			718,694.00
Local Appropriations				0.00
Federal Grants and Contracts	5,032,318.07		20,344,264.60	25,376,582.67
State Grants and Contracts	216,933.10		117,498,725.99	117,715,659.09
Local Grants and Contracts			593,809.26	593,809.26
Private Gifts, Grants and Contracts	612,090.48		111,700,991.18	112,313,081.66
Investment Income				
Endowment			601,080.88	601,080.88
Other				
Sales and Services				
Educational Activities	5,386,092.52			5,386,092.52
Hosptial and Clinics	4,765,293.13			4,765,293.13
Other Sources	150,345.19			150,345.19
Total Educational and General Revenues	173,345,242.13		250,738,871.91	424,084,114.04
Sales and Services of Auxiliary Enterprises		4,033,008.04		4,033,008.04
TOTAL REVENUES	**173,345,242.13**	**4,033,008.04**	**250,738,871.91**	**428,117,122.08**
Expenditures and Mandatory Transfers				
Educational and General Expenditures				
Instruction	80,845,647.72		112,441,429.83	193,287,077.55
Research	20.80		21,547,962.47	21,547,983.27
Public Service	0.00			0.00
Academic Support	12,620,973.91		520,890.19	13,141,864.10
Student Services	1,802,068.50			1,802,517.40
Institutional Support	27,431,290.18		3,730,328.53	31,161,618.71
Operation and Maintenance of Plant	9,943,229.76			9,943,229.76
Scholarships and Fellowships	1,216,743.00		1,152,026.00	2,368,769.00
Hospital and Clinics	38,167,580.04		111,345,785.99	149,513,366.03
Total Educational and General Expenditures	172,027,553.91		250,738,871.91	422,766,425.82
Auxiliary Enterprises Expenditures		3,746,062.16		3,746,062.16
Mandatory Transfers				
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	**172,027,553.91**	**3,746,062.16**	**250,738,871.91**	**426,512,487.98**

President's Club

President's Level

Members of the club's President's Level have made lifetime contributions of $50,000 or more and have achieved permanent membership in this giving club.

Mr. and Mrs. Gerry H. Achenbach*
Dr. and Mrs. Russell A. Acree Sr.
Mr. and Mrs. W. Clay Adamson Jr.
Dr. and Mrs. William N. Agostas
Dr. and Mrs. Marshall B. Allen Jr.
Mr. Oscar H. Allen*
Mr. John B. Amos*
Mrs. Olivia Amos
Dr. Mims C. Aultman
Dr. William L. Barton*
Mrs. Sarah M. Bell
Dr. James W. Bennett
Mr. and Mrs. Paul Berney
Mr. J. C. Bible*
Dr. Hubert H. Blanchard*
Mr. and Mrs. James A. Blissit
Dr. and Mrs. J. Larry Boss
Mrs. W. Herman (Estelle) Brooks
Dr. and Mrs. Felix B. Brown*
Mr. and Mrs. Charles F. Burnam
Dr. and Mrs. Clark Case*
Mr. W. Roscoe Coleman*
Dr. and Mrs. Allen M. Collinsworth*
Mrs. James A. (Willie Ewing) Crockett
Dr. and Mrs. James F. Culver
Mr. Albert H. Dallas
Dr. and Mrs. H. Gordon Davis Jr.
Dr. and Mrs. H. Gordon Davis III
Mr. and Mrs. Calvin B. Driver*
Dr. and Mrs. Byron H. Dunn
Dr. Taher Abdel M. El Gammal and Dr. Betty Sue Brooks
Drs. Robert G. and Lois T. Ellison
Ms. Donna M. Fair*
Dr. Emile T. Fisher
Mrs. Sammie S. Flaherty
Dr. W. Stewart Flanagin
Dr. and Mrs. Glen E. Garrison
Dr. Marvin C. Goldstein*
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Miss E. Louise Grant*
Mr. Edward L. Greenblatt
Dr. and Mrs. Robert B. Greenblatt*
Mr. John C. Hagler III and Dr. Mary Anne Tyler Hagler
Dr. Dorothy A. Hahn*
Dr. and Mrs. Chenault W. Hailey
Dr. and Mrs. Curtis G. Hames
Dr. and Mrs. J. Daniel Hanks Jr.
Mr. and Mrs. Marion P. Harris
Dr. and Mrs. J. Harold Harrison
Mrs. Milford B. (Marion) Hatcher
Mrs. Grace S. Hawes*
Dr. and Mrs. Charles Goodrich Henry*
Dr. and Mrs. Paul F. Holcomb
Mrs. Ora Bates Ingram*
Dr. and Mrs. Gordon W. Jackson
Mr. and Mrs. Duncan N. Johnson
Miss Lynne G. Johnson*
Mr. and Mrs. Samuel B. Kellett
Dr. and Mrs. William T. Langston
Mr. and Mrs. Lansing B. Lee Jr.
Dr. and Mrs. Ronald W. Lewis
Dr. and Mrs. Virendra B. Mahesh
Dr. and Mrs. Arlie R. Mansberger Jr.
The Carlos and Marguerite Mason Trust
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Mrs. Barbara J. McCrory
Dr. and Mrs. Paul G. McDonough
Mrs. Virgle W. McEver Jr.
Dr. Andrew Thomas McRae Jr.
Dr. and Mrs. Henry G. Mealing Sr.*
Mr. and Mrs. Douglas L. Moody
Dr. and Mrs. William B. Mullins
Dr. and Mrs. Harry B. O'Rear (President Emeritus)
Dr. and Mrs. Lynn L. Ogden III
Mrs. Constance Parramore
Dr. Elwyn V. Patrick*
Mr. and Mrs. William Porter Payne
Dr. and Mrs. B. Lamar Pilcher
Mr. James Andrew Printup*
Dr. and Mrs. Robert L. Pulliam Jr.
Dr. and Mrs. Jerry G. Purvis
Dr. and Mrs. Daniel W. Rahn (President)
Dr. and Mrs. A. Clark Robinson
Dr. and Mrs. J. Roy Rowland Jr.
Dr. and Mrs. Milton B. Satcher
Dr. and Mrs. Lloyd B. Schnuck Jr.
Dr. and Mrs. Julius S. Scott Jr.
Mr. and Mrs. Herman S. Selwyn
Dr. and Mrs. George P. Sessions
Dr. Jerome H. and Beverly Siegel
Dr. and Mrs. James S. Simpson III
Dr. and Mrs. Jesse L. Steinfeld (Former President)
Mrs. Mildred T. Stevens*
Dr. and Mrs. Joseph M. Still Jr.
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Mr. William F. Toole and Mrs. Bertha Lee Toole
Mrs. Vera Cordell Wardlow*
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Mr. George G. Weiss*
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Dr. and Mrs. Arthur W. Willis Jr.
Mrs. Lucille B. Winans*
Dr. and Mrs. Roy Witherington
Mrs. Rita Goldstein Wolfson
Drs. Charles H. and Betty B. Wray

*Deceased

Founder's Level

The following members of the President's Club at the Founder's Level have made lifetime contributions of $10,000 to $49,999.

Dr. William C. Acton
Dr. and Mrs. Henry M. Althisar Sr.
Mr. and Mrs. R. Thomas Ambrose
Dr. and Mrs. W. Jackson Atha Jr.
Mr. and Mrs. Jack Bandy
Dr. and Mrs. Raymond C. Bard
Dr. and Mrs. James T. Barenie
Dr. and Mrs. Fred Donald Bass
Dr. and Mrs. Estol R. Belflower
Dr. and Mrs. Vidor Bernstien
Dr. and Mrs. Wayne D. Beveridge
Dr. and Mrs. Eugene F. Binet
Dr. William R. Birdsong*
Mr. and Mrs. Robert S. Bissell Jr.
Dr. Joseph A. and Rev. Dr. Janice L. Blissit
Mrs. Lois H. Bohler*
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Dr. Lester L. Bowles*
Dr. and Mrs. Mercer T. Bridges Sr.
Dr. and Mrs. Walter J. Brown Jr.
Mrs. Mary W. Burnett
Dr. and Mrs. Charles G. Burton
Mrs. Sarah Turner Butler
Mr. and Mrs. Kenneth W. Cannestra
Dr. and Mrs. Cliff L. Cannon Jr.
Dr. and Mrs. Nelson S. Carswell Jr.
Dr. and Mrs. Robert M. Cates
Dr. and Mrs. A. Bleakley Chandler Sr.
Dr. and Mrs. Joseph Bryan Chastain
Mr. and Mrs. Cassius M. Clay
Dr. Gordon Blake Collins
Dr. and Mrs. James Emmett Collins
Dr. Paige Judith Collins and Mr. James R. Ivey
Dr. and Mrs. William C. Collins
Dr. and Mrs. Robert W. Comer
Dr. and Mrs. John W. Darden
Dr. and Mrs. William B. Dasher
Dr. J.W. Richard Davis
Dr. and Mrs. Johnny T. Deen
Dr. Leila D. Denmark
Dr. and Mrs. Howard Clifton Derrick Jr.
Dr. Catherine R. deVries
Drs. Thomas L. and Kelley B. Dopson
Dr. and Mrs. Jewell B. Duncan
Dr. and Mrs. John R. Duttenhaver
Dr. and Mrs. Wallace S. Edwards
Dr. Linda A. Ellis
Dr. and Mrs. Harold S. Engler
Mrs. J. Lee Etheredge Jr.
Dr. Alva H. Faulkner
Dr. Fort F. Felker Jr.
Dr. and Mrs. Paul M. Finer
Dr. and Mrs. James F. Flanders Jr.
Dr. and Mrs. Herman F. Flanigin Jr.
Mr. and Mrs. Eugene Fleischer
Drs. Murray A. and Sandra N. Freedman
Dr. and Mrs. Atwood McGowen Freeman Jr.
Dr. and Mrs. Gerald M. Freeman
Dr. and Mrs. William E. Freeman
Dr. and Mrs. Thomas R. Gadacz
Dr. and Mrs. R. Don Gambrell Jr.
Dr. and Mrs. Gregory L. Gay
Dr. and Mrs. James William Gay
Dr. and Mrs. Garnett J. Giesler Jr.
Dr. and Mrs. Peter G. Gilbert
Dr. and Mrs. Donald M. Gilner
Dr. Donald D. Gold
Dr. and Mrs. Isaac Goodrich
Dr. Samuel M. Goodrich and Mrs. Ellen Schneider Goodrich
Mrs. Dorothy Royal Gower
Dr. Charles R. Green
Dr. and Mrs. Lowell M. Greenbaum
Dr. and Mrs. James R. Gregory
Dr. and Mrs. Louie H. Griffin Jr.
Dr. and Mrs. Shelley A. Griffin
Dr. Marshall A. Guill III and Dr. Margaret F. Guill
Dr. and Mrs. Wade B. Hammer
Mrs. Margie Hudgins Hammock
Dr. and Mrs. Billy S. Hardman
Dr. and Mrs. Thomas F. Hardman
Dr. and Mrs. Sterling A. Harris Jr.
Mrs. Ellen T. Harrison and Mr. J. E. Harrison III
Dr. Patricia L. Hartlage
Dr. Melvin L. Haysman and Mrs. Roberta Kamine-Haysman
Mr. John H. Hebbard Jr.
Dr. and Mrs. Dariush H. Heidary

The Medical College of Georgia hosts a dinner every fall to honor members of the President's Club. Scenes from the 2000 dinner are featured on the following pages.

Dr. and Mrs. David G. Helton
Dr. and Mrs. Paul E. Henson Jr.
Dr. and Mrs. Loy G. Hicks Jr.
Mr. and Mrs. James F. Hilliard
Dr. and Mrs. Charles F. Hobby Sr.
Mrs. Louise B. Holley
Dr. and Mrs. John E. Horvath
Dr. and Mrs. Jerry W. Howington
Dr. and Mrs. William D. Hughes
Dr. C. M. Hutchinson
Mr. and Mrs. Harold C. Jackson
Dr. and Mrs. Floyd C. Jarrell Jr.
Mr. and Mrs. R. Wayne Jennings
Dr. David C. Jerram*
Dr. C. Denton Johnson Jr.
Dr. and Mrs. Lawson C. Johnson Sr.
Dr. and Mrs. John Paul Jones
Dr. and Mrs. William P. Kanto Jr.
Dr. and Mrs. Terry Vern Kelley
Dr. and Mrs. Thomas Eugene Kennedy
Dr. and Mrs. Don W. King
Mr. and Mrs. Robert P. Kirby
Dr. and Mrs. J. Malcolm Kling
Dr. and Mrs. Van Cise Knowles
Mr. and Mrs. Wyck A. Knox Jr.
Mr. and Mrs. Jack Henry Korn
Mr. and Mrs. Joseph W. Korn
Dr. and Mrs. Charles C. Lamb
Drs. Clinton E. and Vickie A. Lambert
Mr. George H. Lane III
Dr. and Mrs. James F. Langford
Dr. and Mrs. Michael N. Laslie
Dr. and Mrs. Gregory P. Lee
Dr. and Mrs. Jack L. Lesher Jr.
Dr. and Mrs. Stanley H. Levine
Dr. and Mrs. Joel E. Lightner Sr.
Dr. and Mrs. Charles W. Linder
Mr. and Mrs. Keely O. Lively Jr.
Dr. Cathy Corinne Lovett
Dr. and Mrs. Joseph S. Lunn
Dr. Alfred E. Lupien
Dr. Charles L. Lutcher and
Dr. Priscilla A. Gilman
Dr. George B. MacMaster
Dr. and Mrs. H. Gilbert Maddox Jr.
Dr. and Mrs. John Gray Madry Jr.
Dr. and Mrs. James E. Marlow
Dr. and Mrs. Roger P. Martin
Dr. and Mrs. Robert A. Matthew
Mr. and Mrs. D. J. Matuszak
Dr. and Mrs. Alva L Mayes Jr.
Dr. and Mrs. William E. Mayher III
Dr. and Mrs. Wallace D. Mays
Drs. E. James and Martha S. McCranie
Dr. and Mrs. LaMar Scott McGinnis Jr.
Dr. and Mrs. Ray L. McKinney
Dr. and Mrs. Dwight McLaurin
Mrs. Linda G. McNealy
Dr. and Mrs. Sylvester N. McRae
Dr. and Mrs. Larry B. Mellick
Dr. Carol F. Meyer
Dr. Frank J. Miller
Dr. and Mrs. John C. Mitchell
Mr. Mark Moran and
Dr. Jeannie H. Moran
Dr. and Mrs. William H. Moretz Jr.
Dr. and Mrs. Robert T. Morgan
Mr. and Mrs. William S. Morris III
Ms. Alice G. Muldoon
Mr. and Mrs. Robert A. Muldoon
Dr. and Mrs. David E. Mullins
Dr. and Mrs. David R. Myers
Dr. and Mrs. Daniel E. Nathan
Dr. and Mrs. Jule C. Neal Jr.
Dr. and Mrs. John W. Nelson
Dr. and Mrs. Robert R. Nesbit Jr.
Dr. Harvey M. Newman III
Dr. Fenwick T. Nichols III and
Dr. Martha E. Nichols
Dr. Fenwick T. Nichols Jr. and
Dr. Caroline Williams
Dr. and Mrs. Stephen A. Noller
Dr. John B. O'Neal III and
Dr. Phyllis J. O'Neal*
Drs. James L. and
Mary Hamby O'Quinn
Dr. and Mrs. James L. Orrington
Dr. and Mrs. James B. Osborne
Drs. Dennis R. and Helen E. Ownby
Mrs. Nora Pascarella
Dr. and Mrs. Rafael Pablo Pascual
Dr. and Mrs. Lamar B. Peacock
Mrs. Louise Morris Peacock
Mrs. Jane R. Pidcock
Dr. Winford H. Pool Jr.
Dr. and Mrs. J. Terrell Pope
Dr. and Mrs. James C. Pope
Dr. and Mrs. Stuart H. Prather Jr.
Mrs. Florence Pratt*
Dr. L. Michael Prisant
Dr. and Mrs. William H. Pullen Jr.
Drs. James B. and Joan C. Puryear
Dr. and Mrs. Joel H. Rainer
Dr. and Mrs. William H. Rhodes Jr.
Dr. Geraldine Rinker
Mrs. Minnie M. Rinker
Mrs. Betty W. Robinson
Dr. John H. Robinson III*
Dr. and Mrs. Harvey B. Roddenberry
Dr. and Mrs. Jim L. Rogers
Dr. Samuel F. Rosen and
Mrs. Estelle S. Rosen*
Mr. and Mrs. James Salva
Dr. and Mrs. Beverly B. Sanders Jr.
Dr. and Mrs. F. Hunt Sanders
Dr. and Mrs. Elwyn A. Saunders
Dr. Robert I. Schattner
Dr. and Mrs. Robinson W. Schilling Jr.
Mr. and Mrs. Abram J. Serotta
Mr. O. L. Shaffner
Mrs. Mitzi J. Shane
Dr. and Mrs. William C. Shirley Sr.
Dr. William C. Shirley Jr.
Drs. Mark M. and Joyce N. Shoemaker
Mrs. Joseph Siegel
Dr. Burton F. Simmons
Dr. Sam A. Singal
Dr. Lana S. Skelton
Dr. Marvin E. Skelton*
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Dr. and Mrs. James H. Smith
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Dr. James W. Stapleton
Dr. and Mrs. Curt M. Steinhart
Dr. and Mrs. Frank H. Stelling
Dr. and Mrs. W. Dean Steward
Dr. and Mrs. Douglas L. Stringer
Dr. and Mrs. William B. Strong
Dr. and Mrs. Frederick C. Sturmer Jr.
Dr. and Mrs. Daniel B. Sullivan
Dr. and Mrs. James T. Sutton
Dr. and Mrs. Theo G. Thevaos
Dr. and Mrs. Larry L. Tilley
Mrs. Betty Browning Tollison*
Dr. Joseph W. Tollison
Dr. and Mrs. Evan M. Torch
Dr. and Mrs. T. Barrett Trotter
Mr. and Mrs. Albright Trull
Dr. and Mrs. J. Render Turner
Mrs. Jeanette M. Vallotton
Dr. and Mrs. Roy W. Vandiver
Dr. and Mrs. Biagio J. Vericella
Dr. and Mrs. Harvey S. Wages Jr.
Dr. Larkin F. Walker and Dr. Teresa C.
De Rojas-Walker
Dr. and Mrs. W. Gamewell Watson
Mr. and Mrs. Harold Weiner
Dr. and Mrs. Cecil F. Whitaker Jr.
Dr. and Mrs. Michael H. Whittle
Dr. and Mrs. Leslie L. Wilkes
Dr. and Mrs. Charles K. Williamson
Dr. A. Calhoun Witham*

Mrs. A. Calhoun Witham
Drs. Stacey C. and Gary A. Wolanek
Mrs. Elaine D. Wong
Mr. Gerald W. Woods and
Dr. Deborah J. Bates
Mrs. Louise M. Wright
Mr. Weldon Wyatt
Dr. Thomas J. Yeh
Dr. Neal F. Yeomans*
Mrs. Neal F. Yeomans
Dr. and Mrs. George G. Young
Dr. and Mrs. Timothy R. Young

*Deceased

Partner's Level

The following members of the President's Club have attained Partner's Level membership through their gifts of $1,000 or more during fiscal 2000-01.

Mr. and Mrs. Bryan L. Adams
Mr. Richard A. Anderson
Dr. and Mrs. Jimmy W. Arnold
Dr. and Mrs. J. Michael Ash
Mr. John W. Ash
Dr. and Mrs. Randan L. Ashmore
Dr. and Mrs. Alan R. Atwood
Dr. and Mrs. Jon E. Baldwin
Dr. and Mrs. Wilber E. Baugh
Mr. and Mrs. William P. Bebbington
Dr. Lorna E. Bell
Dr. and Mrs. Richard G. Bennett Jr.
Mr. and Mrs. Stetson Bennett Jr.
Dr. and Mrs. T. Reppard Bennett
Dr. and Mrs. Darshan S. Bhatia
Dr. Edward A. Bowns
Dr. and Mrs. Lloyd C. Brewton
Dr. and Mrs. William P. Brooks
Drs. Charles F. and Vickie M. Brown
Ms. Jeanne Brown
Dr. Walter J. Brown III
Dr. and Mrs. Joseph J. Burch
Dr. and Mrs. Ralph J. Caruana
Mr. Don Cheeks
Mr. and Mrs. Dale M. Chernich
Dr. and Mrs. David M. Cohen
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Dr. Chappell A. Collins Jr.
Dr. and Mrs. Don Ray Connell
Dr. Daniel B. Craig
Mr. Dale Crail and Mrs. Pam Crail
Dr. and Mrs. W. Bruce Davis
Dr. and Mrs. Thomas E. Day
Drs. Stella and Kenneth D. Deaton Jr.
Mr. and Mrs. Larry Demeyers
Dr. and Mrs. Don Bernard DeStephano
Dr. and Mrs. Lawrence D. Devoe
Dr. and Mrs. William B. Dial
Dr. Evan Hall Dillon
Dr. Marla C. Doehring and
Mr. Christopher Doehring
Dr. and Mrs. William K. Dolen
Dr. and Mrs. James E. DuBose
Ms. Betty Duncan
Dr. and Mrs. DuBose Egleston Jr.
Dr. and Mrs. Mark F. Ellison
Dr. and Mrs. Douglas P. Farman
Dr. and Mrs. James R. Fick
Mr. and Mrs. Richard D. Fishback
Dr. and Mrs. W. Knox Fitzpatrick Jr.
Dr. Ann Marie Flannery and
Mr. Peter Kobe
Dr. and Mrs. Lawrence J. Freant
Ms. Octavia Garlington
Dr. and Mrs. Barry D. Goldstein
Dr. and Mrs. Frederick W. Gourdin
Drs. Margaret and Charles G. Green Jr.
Dr. Vernon W. Greene Jr.
Dr. Gary K. Griffis
Mr. and Mrs. Daniel L. Gwinn
Dr. and Mrs. John H. Hall Jr.
Dr. and Mrs. William Charles Hall
Dr. and Mrs. Edward H. Hamilton Jr.
Dr. and Mrs. Lewis A. Hamilton Jr.
Dr. and Mrs. Charles I. Hancock
Dr. and Mrs. Carl R. Hartrampf Jr.
Dr. and Mrs. Mark H. Hassel
Mr. and Mrs. Milford B. Hatcher Jr.
Dr. Angela G. Hedlund
Dr. David C. Hess
Dr. and Mrs. Judson C. Hickey
Dr. and Mrs. William H. Hoffman
Mr. and Mrs. Bruce L. Howerton
Mr. and Mrs. David E. Hudson
Dr. Janet L. Hunter
Dr. David B. Hurst
Dr. and Mrs. Kenneth H. Hyatt
Dr. Ronald A. Hyman
Dr. and Mrs. Joseph L. Jackson
Dr. and Mrs. Robert T. Jones
Dr. Alan R. Kaplan
Dr. and Mrs. Mikell B. Karsten
Dr. I. Gary Katcoff
Dr. Laraine L. Kendall and
Mr. Stephen R. Kendall
Mr. and Mrs. Matthew W. Kervin
Dr. Margaret L. Kirby
Dr. and Mrs. Matthew J. Kluger
Drs. Abdullah and Ferdane Kutlar
Dr. Natalie E. Lane
Dr. and Mrs. David J. Ledrick
Dr. and Mrs. John L. Lee Jr.
Dr. and Mrs. Fred A. Levin
Dr. and Mrs. Jay A. Levin
Mr. and Mrs. R. R. Lewis
Mr. and Mrs. Joseph E. Lightsey
Dr. and Mrs. Richard S. Limbird Jr.
Dr. Carl J. Lockwood
Dr. and Mrs. Wayne S. Mathews Jr.
Dr. and Mrs. George M. McCluskey III
Dr. and Mrs. Sean F. McCue
Dr. Toni Lewis McCullough and
Mr. Louis Brent McCullough
Dr. and Mrs. Virgle W. McEver III
Dr. and Mrs. L. Scott McGinnis III
Dr. and Mrs. Kenneth J. Mello
Dr. Sonya J. Merriman
Dr. and Mrs. Thomas M. Mills
Dr. William W. Mims Jr.
Dr. and Mrs. Makoto Miyamoto
Mr. and Mrs. David Moretz
Dr. and Mrs. Stephen C. Mullins
Drs. Anthony L. and Laura L. Mulloy
Dr. Marlon E. Murrell
Dr. and Mrs. William L. Nabors
Dr. and Mrs. Logan Nalley Jr.
Mr. and Mrs. W. Frank Newsome
Dr. and Mrs. William H. Nichols Jr.
Dr. Donald E. O'Rourke Sr. and
Mrs. Carol Pierson O'Rourke
Dr. and Mrs. Charles L. Ogburn Jr.
Dr. and Mrs. Thomas H. Oliver

Mr. and Mrs. H. M. Osteen Jr.
Dr. and Mrs. David A. Owings
Dr. and Mrs. David L. Parks
Dr. Donald J. Payne and Mrs. Nancy M. Payne
Dr. and Mrs. Peter M. Payne
Drs. Lamar and Amanda Peacock
Dr. and Mrs. David W. Perry
Dr. and Mrs. Joel C. Pittard
Dr. and Mrs. Donald I. Posner
Dr. Bette C. Potter
Dr. and Mrs. Stanley T. Praiss
Dr. and Mrs. Charles D. Procter Sr.
Dr. and Mrs. Mark Johnson Quarterman
Drs. Nicholas J. and Alice M. Quinif
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Dr. and Mrs. John D. Welch
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Businesses and Foundations

The following businesses and foundations have contributed $1,000 or more during fiscal 2000-01.

Abbott Laboratories
Advanced Clinical Communications Inc.
Allergan, Inc.
American College Of Allergy, Asthma, And Immunology
American Bone Marrow Transplant Registry
American Dairy Queen Corporation
Amgen, Inc.
AstraZeneca Lecture Bureau
Augusta Industrial Federal Credit Union
Augusta Newsprint Company
Augusta VAH Federal Credit Union
Aventis Pharmaceuticals
Barham-Calhoun Memorial Foundation
Barr Laboratories, Inc.
Bausch & Lomb
Bayer Corporation
Bechtel Company/Savannah River, Inc.
Beverage South Inc.
Bi-Lo
Bio-Technology General Corporation
Blanchard & Calhoun Real Estate Company
Blue Cross/Blue Shield of Georgia
Boehringer Ingelheim Pharmaceuticals
Bradley-Turner Foundation, Inc.
Bristol-Myers Squibb Company
Carl J. Herzog Foundation Inc.
Cell Therapeutics Inc.
Cephalon Inc.
Childhood Leukemia Foundation
Coca Cola USA
Colgate Oral Pharm./ Colgate-Palmolive
CoMed Communications
CSRA Federal Credit Union
Cullum Foundation
Current Medical Directions, Inc.
CVS Pharmacies
Cystic Fibrosis Services Inc.
DePuy
Derryberry Lumber Sales Inc.
Doris Diamonds
DuPont Pharmaceuticals Company
Dura Pharmaceuticals
EBI
Elan Pharmaceuticals
Eli Lilly & Company
Enterprise Rent-A-Car
Federal Medical Supply Inc.
First Choice Medical/ Health Care Services Inc
First Union Foundation
Fort Gordon Federal Credit
Frigidaire Home Products
Fujisawa Healthcare Inc.
Garlington, Lohn, Robinson
Genentech Inc.
Georgia Bank Foundation Inc.
Georgia Dental Education Foundation, Inc.
Georgia Forestry Association
Ghann's Cricket Farm Inc.
Glaxo Wellcome Inc.
GlaxoSmithKline
GlaxoWellcome
Gracewood Federal Credit Union
Greene-Sawtell Foundation
Health 1st Foundation Inc.
Health Center Credit Union
Hemophilia of Georgia Inc.
Howmedica/Gasperini & Associates
Innovative Medical Education
International Paper Company Foundation
Ivan Allen Company
J & J MidSouth
Janssen Pharmaceutical Products, L.P.
Johnson Advertising
Kerr L. White Institute for Health Services Resources
KLS Martin
The Knights Templar Educational Foundation of Georgia, Inc.
Knoll Pharmaceutical/BASF Corporation
KOA Care Camps
Kroger
The Lecture Bureau
Ligand Pharmaceuticals, Inc.
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MCG Medical Dames
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Medical Edge Technologies, Inc.
Medicraft
Medimmune, Inc.
Medtronic
Merchants Association of Columbia County
Merck & Company, Inc.
Metro One Federal Credit Union
Miller Printing Company, Inc.
Modern Welding Company
MPE Communications, Inc.
Musculoskeletal Transplant Foundation
Network For Medical Communication & Research
The New York Community Trust
Nicolet Vascular, Inc.
Northside Hospital
Novartis Pharmaceuticals Corporation
Novartis Nutrition Corporation
Olin Corporation Charitable Trust
Olympus America Inc.
Ortho-McNeil Pharmaceutical
Osmond Foundation
Pfizer Health Solutions, Inc.
Pfizer Inc.
Pharmacia & Upjohn Company
Pharmacia Corporation/Monsanto
Pro Ed Communication, Inc.
Psymark Communcations
The Reciprocal Alliance
Regent Security Services
Regions Financial Corporation
Rich's Fund of The Federated Dept Stores Foundation
Riverside Forest Products, Inc.
Roche Laboratories/LaRoche
Ross Laboratories
S.G. Madison Biomedical Communications
Sander and Ray Epstein Charitable Foundation
Security's Lending Hand Foundation
Silver Bluff High School
Smith & Nephew
SmithKline Beecham Corporation
Southern Candle Company
St. Jude Medical, Inc.
Sulzer Medica-Sulzer Spine-Tech Surgical Inc.
T-Bonz Restaurant
3M
TG Worldwide
Two State Construction Company, Inc.
UCB Pharma, Inc.
Ultradent Products, Inc.
University Hospital Housestaff
Williams Labadie Communications For Healthcare
Wyeth-Ayerst Laboratories
Wyeth-Ayerst Pharmaceuticals

Corporate Partnership Program Members

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Acura of Augusta
AFLAC
Alison and Associates
Alltel Mobile Communications, Inc.
AmeriMove of Georgia, LLC
AT&T
Atlanta Gas Light Company
Augusta Chronicle
Augusta Lynx Foundation, Inc.
Augusta Metro Chamber of Commerce
Augusta Sportswear, Inc.
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Bankers First Federal
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Boise Cascade Office Products Corporation
Bourne Toyota
The Carpet Shop
Cellular One
Charles Schwab Corporation Foundation
Cherry, Bekaert & Holland
Club Car, Inc.
Coca-Cola Bottling Co. United, Inc. of Augusta
Comcast
Comfort Inn-Medical District
Development Authority of Richmond County
DSM USA, Inc.
E-Z Go Textron
First Bank Of Georgia
First Union National Bank
Four Seasons Securities, Inc.
Georgia Bank & Trust Company of Augusta
Georgia Personnel Services, Inc.
Georgia Power Company
Gold Mech, Inc.
Greenway Medical Technologies
Gwen Fulcher Young & Associates
Harvard Wine & Beverage
Huggins & Allen, P.C.
Hull, Towill, Norman & Barrett
John Deere Commercial Products, Inc.
John P. King Mill-Division of Spartan Mills
Kamo Manufacturing Co., Inc
Kendall Company
Kennametal

KMC Telecom, Inc.
MAU Human Resource & Staffing Services
Meybohm Realtors, LLC
Modern Business Equipment, Inc.
Morris Travel
Partridge Inn
PCS Nitrogen Fertilizer LP
Pepsi-Cola Company
Plant Vogtle
Pollock Company-Employees
Powertel, Inc.
Pruett, Ford & Associates, Inc.
R.W. Allen & Associates, Inc.
Radisson Hotel and Convention Center
Rhoden CPA Firm
Searle/ A Monsanto Company
Serotta, Maddocks, Evans & Company
Smoaks Bakery & Catering
Soma Blue
SouthTrust Bank
SunCom/Triton
SunTrust Bank of Augusta
Taylor Auto Group—BMW, Hyundai, Infiniti
Teleco
Wachovia Bank of Georgia
Warlick, Tritt, & Stebbins, L.L.P.
WBBQ Radio
Westinghouse Savannah River Co.
WFXG - TV Fox 54
Windsor Jewelers Inc.
WJBF-TV/Media General
WRDW TV Channel 12

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The following members of the Loyalty Club contributed $500 to $999 during fiscal 2000-01.

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Mr. William Hale Barrett
Dr. Edwin C. Bartlett
Dr. Vincent F. Bergquist Jr.
Dr. Styles L. Bertrand
Dr. Umesh T. Bhagia
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Online Courses Bring Out the Best in Students

Christine Hurley Deriso

Remember the slackers in your eighth-grade civics class who snoozed in the back of the classroom?

In the digital world, there are no slackers. The Medical College of Georgia Office of Educational Design and Development has helped create Web-based classrooms that require the full participation of every student. Likewise, each student receives full and equal attention from the teacher. And students who struggle with a concept can revisit it over and over again, at their convenience, until they master it and are ready to move on.

The office has helped develop over 250 Web-based courses in all five of MCG's schools since 1997. Interactive digital technology has evolved so quickly and comprehensively that today's students can listen to lectures, participate in discussions, view demonstrations, practice clinical skills, take tests and see the grade they've earned – all while sitting in front of their computer screen.

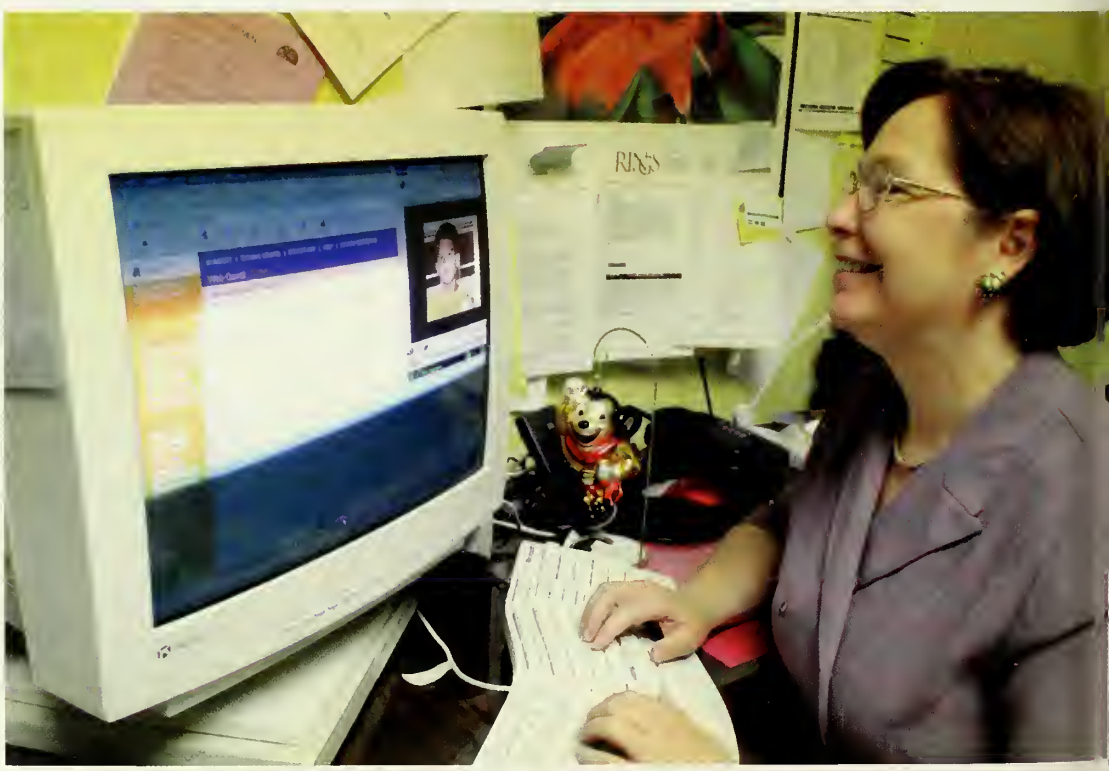
"The faculty is so enthusiastic about online education and its potential," said Clare Billman, director of the office. "They understand the strengths."

Those strengths, Ms. Billman said, make believers even of technophobes. Students have easy access to class materials and, ironically, more interaction with teachers than they may get in the average classroom. "There are no students who can sit in the back of the classroom and not participate," Ms. Billman said. "It's impossible to coast."

For instance, in a problem-based course, students receive information on the computer about a virtual patient, then offer feedback. The instructor critiques the feedback, provides more information, and returns the problem to the student. This back-and-forth interaction progresses until the student has successfully diagnosed or treated the virtual patient.

If the process sounds like a daunting technical challenge for instructors, Ms. Billman insists that isn't the case. Her office offers faculty training and handles the technical details that teachers don't need to master. "There's no point in being a techno-wizard if the teacher only needs to do something once or twice. But if they have to do it over and over again, we'll show them how. We're trying to help faculty access technology to maximize their effectiveness without limiting their interaction with students."

Although the Office of Educational Design and



Development has the technical expertise, the teachers lead the way. "They bring their great ideas to us and say, 'How do we make this work?' And if something isn't working well, we make adjustments. There is no such thing as a static online course. We can change it on the fly."

The staff also assists faculty who want to tap into the technology without knowing where to begin. "We really encourage faculty to come and say, 'I don't know what I want, but this is what I have. How can you help me?' Much of the training is one on one."

Today's students, who have worked on computers since grade school, are often less wary of the technology than the faculty, Ms. Billman said. And those with reservations are quickly won over. "The carrot for students sometimes is not having an 8 a.m. class. They work at their own pace. And they can watch a demonstration over and over again rather than once. It's really a very effective way of learning. We aim for limited text and lots of demonstrations, slides and visual information. If students can get it in the book, we try not to duplicate that material."

Some MCG Web-based courses are fully digital; others combine computer instruction with traditional classroom lectures. "I think combining the two is the best of both worlds," Ms. Billman said. The School of Nursing R.N.-to-B.S.N. program enables registered nurses throughout the state to earn their bachelor's degree solely online (see page 29). And the potential just keeps growing.

"There's no way to stop this from growing," Ms. Billman said. "It's just a landslide. I believe in online education."

Deadline for submitting information for publication in the winter issue of AlumNews is October 26, 2001.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Telephone number

School graduated from

Degree Class year

Street address ☐ Check if new address

City State Zip

Present specialty and place of training

Professional news (attach additional page if needed)

Personal news (photos welcome)

Please send to: *Christine Hurley Deriso; FI-1042; Medical College of Georgia; Augusta, GA 30912; fax to (706) 721-6723 or e-mail to cderiso@mail.mcg.edu.*

MCG Names Interim Deans

Christine Hurley Deriso

The Medical College of Georgia has named interim deans for its School of Allied Health Sciences and School of Dentistry.

Leona (Shelley) C. Mishoe, associate dean for academic affairs in the School of Allied Health Sciences, has been named interim dean of the school. She assumed the position when Dr. Biagio Vericella retired as dean June 30.

Dr. Mishoe earned a bachelor's degree in respiratory therapy from the State University of New York Health Sciences Center, a master's degree in education and health services administration from Augusta College (now Augusta State University) and a doctorate of philosophy in adult education from the University of Georgia. She joined the MCG faculty in 1977 and was named chairwoman of the Department of Respiratory Therapy in 1988. She was named associate dean this January. Dr. Mishoe is a past president of the Georgia Society for Respiratory Care and has received a School of Allied Health Sciences Outstanding Faculty Award.

Dr. Brad Jay Potter, associate professor in the School of Dentistry Department of Oral Diagnosis and Patient Services and the Department of Oral Biology, has been named interim dean of the school. He assumed the position when Dr. David Myers retired as dean June 30.

Dr. Potter earned a master's degree in dental diagnostic science from the University of Texas Health Science Center and a doctorate in dental sciences from the Northwestern University Dental School. He joined the MCG faculty in 1991 and was named associate professor in 1995. He received a 1994 Professionalism Award from the Georgia section of the American College of Dentists, a 1995 MCG Judson C. Hickey Award and a 1995 MCG Teaching Excellence Award.

Class Notes

School of Dentistry

Larry W.A. Townsend ('75), Norristown, Pa., retired from dentistry and the military as a colonel in 1997. He graduated from Concordia Seminary May 18, 2001 and serves as pastor of Gloria Dei Lutheran Church in Blue Bell, Pa.

School of Medicine

Dr. Jerome H. Siegel, clinical professor of medicine at the Albert Einstein College of Medicine, was included in the Castle-Connolly *Top Doctors in America* as a gastroenterologist-endoscopist in New York. He received The Master Endoscopist Award from the American Society of Gastrointestinal Endoscopy last May.

Medical Technologist Combines Science, Sleuthing

Christine Hurley Deriso

Kay Travis

With Kay Travis's poised countenance, neat-as-a-pin appearance and thoroughly professional demeanor, you'd never guess she has a secret passion for…germs.

"I just love growing little germs," she says brightly. "It's so interesting to come back to a specimen after a day and see how it's changed. It's like detective work."

Ms. Travis, who in June was named technical director of Augusta's Shepeard Blood Center, no longer has occasion to track the comings and goings of germs. But she still considers her career equal parts science and sleuthing. That, she says, is the essence of medical technology.

Medical technologists probe blood, urine, tissues and other bodily components for vital information about how the body functions. Is a donor's blood compatible with the patient whose life depends on receiving the donation? Does a sputum sample indicate a harmless sore throat or a more dangerous bacterial infection? Does a lab test reveal a potentially deadly infectious disease? This is the kind of lifesaving and disease-battling information that medical technologists uncover every day.

Ms. Travis was hooked on her career choice as soon as she began her education at the Medical College of Georgia.

"I wanted to work in a medical field, and I wanted to be able to find a job in any town," said Ms. Travis, a native of Douglas, Ga. "I just blossomed in medical technology. I knew I'd found my niche." She earned her bachelor's degree in the field in 1995, then worked in microbiology and blood-banking at MCG. She joined the Shepeard staff in 1999.

Medical technologists perform innumerable laboratory functions in many different health care settings, but Ms. Travis was particularly drawn to blood-banking. When she had scoliosis surgery in 1985, she needed two units of blood. "It changed my whole outlook," she says. "Of every 10 hospitalized patients, nine need some kind of blood products. But of the 60 percent of Americans who can donate blood, only 5 percent do. I think, unfortunately, most people don't think about donating blood until it hits home and a loved one needs it."

Blood donors, she says, are true heroes—particularly those who spend an hour at a time donating blood products, such as the platelets needed by many cancer patients. (Routine blood donation lasts only about 10 to 15 minutes.) "I guess there are as many reasons to donate as there are donors," she said. "But what they have in common is that they all recognize the need."

Shepeard receives about 30,000 blood donations a year and provides blood and blood products to Augusta-area hospitals and several rural hospitals in outlying areas. As technical director, Ms. Travis oversees the center's 13 technicians and ensures the reliability and accuracy of their work. That work includes testing the blood for infectious diseases such as HIV, identifying antibodies in the blood that may cause an adverse reaction during a transfusion and determining the blood type, a chief determinant of compatibility.

"Ultimately, I have to sign off on everything," she said. "But the tests are very precise and we have controls, so I don't have to worry. Plus, things run very smoothly here. Everyone works as a team and is willing to do whatever is needed."

She also ensures that her staff's credentials are up to date. "I keep up with who needs proficiency testing and make sure everybody keeps up their competency," she said.

And an unofficial part of the job is spreading the word of the importance of blood donation. "We just had T-shirts printed up that say, 'Starve a Mosquito,'" she said with a laugh. "We have blood drives at schools and businesses, and most employers are really good about giving employees the time it takes to donate blood. We even had a car wash recently. We do whatever it takes. There's no substitute for blood, and we need every donation we get."

Medical Technology More Sophisticated Than Ever

Christine Hurley Deriso

Ask patients to list crucial members of their health care team, and they're likely to overlook one they may never even meet: the medical technologist whose laboratory work can be as vital as a physician's or nurse's hands-on care.

Despite their relative anonymity, medical technologists—also known as clinical laboratory scientists—are more vital to patient care than ever, according to Dr. Elizabeth Kenimer, chairwoman of the Medical College of Georgia Department of Medical Technology.

Medical technologists know that a blood sample or collection of cells on a slide speak volumes about a patient's well-being. One of their chief tasks is maximizing the usefulness of these wellsprings of information.

"Seventy-five percent of a patient's record is his lab record," said Dr. Kenimer. "Med techs maintain their own database; a main part of our job is evaluating and interpreting that data and putting it in a form a cardiologist, for instance, could use to make a diagnosis. So much of patient care depends on laboratory information."

Along with analyzing specific samples of tissues and fluids, medical technologists also track trends such as the prevalence of an infection, the efficacy and cost-effectiveness of treatments and medications and the average hospital stay for a patient with a particular illness. They also ensure the accuracy and integrity of lab results to optimize patient treatment.

And medical technologists are increasingly shedding their low profile. "We're getting very involved with patient education," Dr. Kenimer said. "So much is being done at home these days that used to be done in the hospital. Patients need to be able to do a test, recognize whether the instrument is being used correctly and assess the results."

Dr. Kenimer's faculty works closely with MCG Hospitals and Clinics' medical technologists, pathologists, pharmacists and other health care providers to conduct research, refine clinical skills and ensure quality clinical experiences for students. The department graduates about 20 students a year, all of whom are in great demand upon entering the workforce. "We have a desperate shortage nationally," she said, attributing the problem to lack of awareness about the field and the challenging nature of the work.

"The requirements for entering a medical technology program are quite stringent," she said. "The curriculum is basically a pre-med curriculum."

The standards are becoming ever more exacting as medical technology becomes increasingly sophisticated; for instance, now that the human genome has been mapped, lab work related to genomics will increase exponentially, Dr. Kenimer said. Next year, the department plans to implement a master's degree in biotechnology to meet the demand in health care and industry for work in areas such as gene-sequencing, proteomics and drug discovery. Dr. Kenimer is working closely with the state's Intellectual Capital Partnership Program to attract corporate partners as potential employers and sources of funding for faculty salaries, equipment and space. "This really is the future of medical technology," she said. "We already see genomics applications in the lab."

The department also addresses manpower shortages throughout the state; for instance, professionals with an associate degree in medical technology can now earn their MCG bachelor's degree in the field solely via the Internet so they don't have to relocate or interrupt their careers.

The opportunities for medical technologists—particularly those at MCG—have never been more exciting, Dr. Kenimer said. "What's happening here is quite impressive. The biotechnology program alone has huge potential, along with MCG's Centers of Excellence and the proposed cancer center. There's never been a better time to be in the field."

Kellett Chair Filled in Allied Health Sciences

Christine Hurley Deriso

Dr. Joseph Cannon, professor of physiology and kinesiology at Pennsylvania State University, has filled the Medical College of Georgia's newly created Kellett Chair in Allied Health Sciences.

Dr. Cannon will coordinate research in the School of Allied Health Sciences and serve as a liaison to researchers in MCG's other schools and clinical facilities. He also will conduct research and help obtain the resources needed to maximize the school's research efforts.

Dr. Cannon earned a Ph.D. in physiology from the University of Michigan. He completed postdoctoral work in cytokines and host defense at Tufts University and completed a trauma/burn research fellowship at Massachusetts General Hospital. He is a member of the American Physiological Society, the American Association of Immunologists, the American Association for the Advancement of Science and the International Cytokine Society.

Moldovan Orphans Offer Reality Check for MCG Dentist

Christine Hurley Deriso

When Carrie Pohjola moved to the tiny eastern European country of Moldova two years ago as a Peace Corps volunteer, phone calls and e-mail seemed a paltry substitute for the hug her dad yearned to give her.

What's more, Carrie kept telling her father how urgently health care services were needed in the impoverished country. Moldova secured its independence from the former Soviet Union in 1991 and endures tortuous growing pains as it evolves from communism to capitalism.

So Dr. Randy Pohjola, an assistant professor in the Medical College of Georgia Department of Oral Rehabilitation, packed his bags in April and headed for a weeklong mission trip.

"I contacted the Little Samaritan Mission in Hickory, N.C., and they hooked me up with a group from Boston," Dr. Pohjola said. The group consisted of another dentist, a hygienist, an assistant and two teachers. By the time they got to Moldova, Dr. Pohjola gave his daughter that long-overdue hug, then rolled up his sleeves and got to work.

The group—traveling at its own expense—spent five days providing dental care to children in six orphanages. "There are about 47 orphanages in Moldova, and the country is only the size of Maryland," Dr. Pohjola said, explaining that some of the parents have died and others simply cannot support their children. The orphanages—stark, damp, stone buildings with only the most Spartan accouterments—house 80 to 300 children each.

"Some of the places weren't pleasant; one had no electricity, and the others had frequent blackouts," Dr. Pohjola said. "The orphanage for disabled children is in the worst shape; the government isn't providing a lot of money and it's very depressing. I kept feeling sorry for the kids, but an interpreter said, 'If the orphanages weren't here, they'd be living under a bridge.' So the orphanages are better than the alternative. [Their staffs] are trying. The children seemed well-fed and reasonably content, considering their circumstances."

They showered the volunteers with affection when they walked through the door. "They all wanted to hug and touch," he recalled. "They just wanted somebody to pay attention to them."

Interpreters were on hand to translate, but Dr. Pohjola found that the bonds the group formed with the children transcended the language barrier. He was particularly drawn to a little girl who bears an uncanny resemblance to his niece. "I just wanted to put her under my arm and take her with me."

Instead, he did what he could for all of the children. The volunteers asked the orphanage workers to identify children who had toothaches or other acute dental problems. "We weren't trying to

Dr. Randy Pohjola with orphan who reminded him of his niece

Dr. Pohjola examines Moldovan orphan's teeth with daughter Carrie in background

give complete dental care; we were just trying to address the biggest problems," Dr. Pohjola said.

Using a battery-operated light attached to a headpiece, the volunteers peered inside long-neglected mouths, filling cavities or extracting badly decayed teeth. They gave instructions in hygiene and dispensed toothbrushes and toothpaste.

Dr. Pohjola was moved by the children's empathy for their fellow orphans. "They're very protective of each other," he said. "For instance, a child might say 'no' if he was asked if he had a toothache, and then a friend would pipe up and say, 'Yes, you do! I've heard you crying at night!'"

Dr. Pohjola's daughter, Carrie, spent as much time as possible with her dad at the orphanages, smoothing the rough spots of his foreign perspective. "When I was in Moldova, I was the kid and she was taking care of me," he said with a laugh. "She knows the language and how to get around. She gave me her phone number and said, 'If you get lost, call me and wait for me.' It was definitely a role reversal."

He quickly grew to share Carrie's love of Moldovans. "They don't have a lot to give, but they would give you the last slice of bread from their loaf if you needed it," he said.

By the time their week wrapped up, the volunteers had treated hundreds of children and hoped their impromptu instruction would make a lasting difference in their oral health. They gathered the children for group pictures before they left, but the orphans insisted on being photographed individually. "That picture is one of the very few things they have to call their own," Dr. Pohjola said.

He has a stack of photos of his own, and since he plans to make mission work a regular part of his life, he hopes he'll see them again in person. "This was definitely a kick in the pants and a reality check for me," he said. "I'd like to work with this group again, if not every year, at least every other year. These are the people who really need our help. Dentists who don't see this side of dentistry don't have a full career. That's the point I want to get across to our students."

Dr. Pashley Honored for Dental Research

Dr. David H. Pashley, Regents professor in the Medical College of Georgia Department of Oral Biology, has received the International Association for Dental Research's 2001 Wilmer Souder Distinguished Scientist Award in Dental Materials.

Dr. Pashley, a member of the MCG faculty since 1970, has comprehensively researched adhesive bonding of resins to dentin. "We've improved bond testing techniques and have done fundamental research in how bonding occurs," he said.

The association was formed to advance research and knowledge to improve oral health worldwide. The Wilmer Souder Award, named for the man who helped establish the Dental Section at the National Bureau of Standards (now the National Institute of Standards and Technology), was created to perpetuate high scientific standards and encourage interest in dental materials.

"It is intended to confer the highest honor in the field of dental materials research upon those scientists who, through research in this field, bring about outstanding advances in dental health," according to the association's Web site (www.iadr.com).

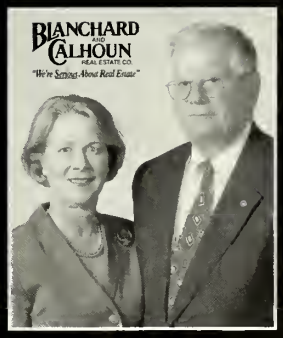
Previous recipients include the late Dr. Carl Fairhurst of MCG's Division of Dental Materials; Dr Toru Okabe, a former MCG faculty member and current chairman of the Baylor College of Dentistry Department of Materials Science; and Dr. Ken Anusavice, a former MCG faculty member and currently associate dean for research at the University of Florida School of Dentistry.

Dental Students Present Research

Six Medical College of Georgia School of Dentistry students presented research March 7-10 at the American Association for Dental Research meeting in Chicago.

The students are Andrew Aiken, Susan Goode, Robert Houston, Cang Huynh, Jennifer Key and Julie Tanner.

STEWART & LAURA PHINIZY



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Program Broadens Students' Options

Toni Baker

Since her middle-school days, Paige Gaddy has liked dissecting frogs, science fairs and problem-solving.

She knew she wanted to be a scientist when she grew up. "In science every day is a different day," she says. But such a passion has a price.

She remembers her first two weeks as a graduate student in biomedical sciences at the Medical College of Georgia, when individual researchers would come and talk with the students about their work. "I wanted to do everything everyone was doing ... cell-signaling, cancer research, vascular biology, all kinds of physiology. It was a huge range of everything. I would have been lost if I had had to come here and pick a department," she says.

Fortunately, she was not lost. She and her classmates, who started in 2000, were the beneficiaries of a new approach to teaching the increasingly complex, often awe-inspiring and potentially overwhelming field of biomedical sciences.

Last year, the MCG School of Graduate Studies put aside the old way of teaching in which each new student was accepted into a specific track that led to a doctor of philosophy in one of six areas: cellular biology and anatomy, biochemistry and molecular biology, pharmacology and toxicology, physiology, molecular medicine and genetics or vascular biology. Now, first-year students share a common admission process and core curriculum for their first year, learning some basics about science and being a scientist.

Paige Gaddy

"The common core curriculum provides more options for students, more informed choice opportunities," says Dr. Gretchen B. Caughman, associate dean for the School of Graduate Studies and program director for the first year of the biomedical sciences graduate program. "It also provides them a basic knowledge, no matter what their specialization ultimately becomes. They have a better foundation of broad knowledge about what scientific research is about."

Students learn basics such as the principles of experimental design, how to use biomedical literature, how to communicate as a scientist and research ethics. They also have three lab rotations—the first in the middle of their first semester—and an option for a fourth during the summer if they haven't yet picked a calling.

"They learn what it really means to do immunology research or molecular medicine research vs. pharmacology, plus they learn it on a more personal level because they actually work in the laboratories of the individuals they are going to spend the next four and a half years with," Dr. Caughman says. "They don't have to come in the door saying, 'I'm going to be an immunologist. I'm going to be a pharmacologist.' They [would then be] married to

that track or it takes a good bit of effort and lost time to change." Paige knew students in the previous class who came into a program sure of what they wanted and found themselves unsure shortly afterward.

Perhaps the core approach is most important because the students have not only so many choices, but they come from such different places; some have a bachelor's degree, others have a master's, still others have previous careers. "We don't like to limit what they come from," Dr. Caughman says. Two of Paige's classmates, engineers from the Georgia Institute of Technology, have done extremely well, Dr. Caughman says; the 2001 incoming class includes a computer scientist.

The common admissions and first-year core curriculum levels the playing field for these students as it spreads out science before their eyes.

And so Paige found Dr. Simon J. Conway, a developmental biologist and geneticist exploring the intricacies of heart development and how it can go awry. The first time she met him was in those first two weeks of presentations that overwhelmed and enthused. "I had never had a developmental biology class in my life," she says. But between Dr. Conway's passion about his work and the core curriculum's three weeks of intense class work in that area, she was sold.

Paige spent her second lab rotation with Dr. Conway. "I had a great time. I got along with everybody. Dr. Conway really bent over backwards to make me comfortable. I had my desk laid out for me when I got there. I knew I was wanted." So she stayed.

With just her first year behind her, she already has her own studies, looking for the onset of genes in different periods of normal mouse development and how neural crest cells migrate to form key body structures such as the heart. By the end of the summer, she hopes to have a first-author paper.

They are looking at a gene, noelin-1, which is expressed in normal mouse development. "We want to find out what noelin looks like in the normal mouse, throughout the heart especially, and what it's going to do in our mutant mouse, that doesn't have neural crest cell migration," Paige says. The researchers know that over-expression of the gene leads to excess neural crest cell migration, and the lack of this gene's expression may thwart that migration in their mouse.

An observer mentions that the Conway lab seems a consistently bustling space. "That's because people like what they are doing," Paige says. "They want to work. They want to find out the results." She describes the group and her mentor as "focused but relaxed," working dutifully, rarely vacating the premises by 5 p.m., but having fun as well. "We go out to lunch as a lab a lot. We go to seminars together. I love coming to work and I know a lot of people don't have that. I'm looking forward to my next year rather than saying, 'OK, it's five o'clock, can I graduate now?'"

Instead she often finds herself staying late as well, wanting to know what happens next.

MCG Medical Illustrator Named President of Association

Christine Hurley Deriso

Bill Andrews, assistant professor in the Medical College of Georgia Department of Medical Illustration, has been elected president of the Association of Medical Illustrators. His yearlong term began in August.

The association represents approximately 750 medical illustrators in North America and Europe. Mr. Andrews will serve as a liaison between the members and the group's Board of Governors. He also will represent medical illustrators in dealings with related organizations, such as the Graphic Artists Guild and the BioCommunications Association. In October, he will represent the association at the annual conference of the Association of European Medical Illustrators in Paris.

Mr. Andrews, who earned his master's degree in medical illustration from the University of Texas Health Science Center at Dallas and joined the MCG faculty in 1999, said he is eager to represent his field at such a pivotal point in the profession. Medical illustration—visual communications pertaining to the health field—is in unprecedented demand in academia and private industry in venues ranging from operating rooms to the World Wide Web, he noted.

"This is truly an exciting time to be a medical illustrator," Mr. Andrews said. "Every day, there are new medical discoveries to learn about, new visual communications problems to solve and new tools to master. For instance, the amount of computer horsepower our students use on a daily basis is as intense as it gets. It's really impressive. Yet the computers and software they use today, which weren't available last year, will be antiques by next year."

He stressed that computers have enhanced, not replaced, the artistic and technical skills of medical illustrators. All the computer power in the world, he said, is useless without the creativity and expertise to drive it.

"Fifty years ago, people said there would be no more medical illustrators because of photography. Thirty years ago, they said there would be no more medical illustrators because of video. Ten years ago, they said there would be no more medical illustrators because of computers. Well, guess what? We're still here and more in demand than ever, because medical illustration is about solving communications problems—not about a particular technology or technique."

Pediatric Resident Follows Family Path

Toni Baker

She has snapshots in her head of the days she went to work with Dad.

Dr. Virgil C. McKie was a lieutenant colonel in the U.S. Army Medical Corps in El Paso, Texas in the mid-1970s and Katie, his firstborn, would sometimes go with him to William Beaumont Army Medical Center to see patients.

"I remember him sitting me down at the nurses* station. I remember looking in the microscope, looking in a patient*s room. And, oh yes, I remember the patients," said Katie.

The 2001 graduate of the Medical College of Georgia School of Medicine also remembers that her house was--and remains--the place that her friends would gather. Animals gathered as well; at last count, the family has four cats, three dogs, a horse named Jazzman and a pet squirrel that lives in a large cage on the now-abandoned kitchen table.

When both parents work, it can be hard striking a balance between the professional world and the home that Katie describes. But in the McKie household, the spirit was willing. Virgil and Kathleen M. McKie had met years before, when he was a medical student at the Medical University of South Carolina in Charleston and she was getting started at the College of Charleston with her eye on MUSC as well.

Dr. Kathleen McKie became a pediatrician; Dr. Virgil McKie did as well, then completed a fellowship in treating children with cancer and blood diseases. As they were building their busy professional lives, they somehow managed to focus on their important personal lives as well, first building a marriage, then a family.

Katie was born in El Paso right before her family moved to Augusta so her father could finish the last year of his pediatric hematology-oncology fellowship at the Medical College of Georgia; Erin was born in Texas, too, while Dad was in the military and taking big sister Katie to work. The family returned to Augusta in 1982.

Dr. Kathleen juggled her work schedule to nurture two little girls; Dr. Virgil always tried to be home in time to have dinner with his family. The small family would make weekly trips to the library and bring home a "tote bag" full of books for everyone. "We invested the only things that really count: time and yourself," Dr. Virgil said.

Sure, Mom and Dad would talk about medicine at home, but despite a family full of physicians, Katie and Erin never felt pressure to be anything but themselves. "[Their] grandfather, a great-grandfather and all of their uncles on my side are doctors," said Dr. Kathleen. "There is one class at the Medical University of South Carolina where half the class is related to us." Dr. Virgil, a native South Carolinian as well, has a lot of farmers in his family, but there was doctoring, too: his great-grandfather was a surgeon in the Civil War and his grandfather was a dentist-plantation owner.

Erin opted to pursue history, which she is studying at Augusta State University. But somehow Katie always knew she wanted to be a doctor. "She*s a very pediatric person and I was, too. It just seemed natural," said her mom, who is one of five kids; Dr. Virgil is one of seven.

Despite the wealth of resources surrounding her, Katie plotted her course alone, quietly analyzing her options and

making her own decisions, first to do her undergraduate work at Duke University, then opting to go to medical school back home. The years of medical school were harder than she could imagine and gave her increased insight into the profession her parents love. "Everybody tells you that medical school is going to be really hard, but it*s tough to believe until you get there," Katie said. But the reality of becoming a doctor made it well worth doing. "I think it*s an awesome privilege, something that not many people are fortunate enough to be granted. [It*s a] privilege to look into people*s lives and their bodies, into the most intimate moments of their lives when they are sick or their child is sick ... to be close to somebody and help them get through it. I don*t think many people get to do that over and over again like doctors do."

Katie, who became the third *Dr. McKie* in her immediate family May 4, admits her awe is tempered with a bit of trepidation. "I think you should be a little scared, because it is such a big thing. It*s like when you go to the beach and play in the ocean, you love the ocean, but you have to have respect for it; it*s bigger than you are," says the woman who began her pediatric residency at MCG July 1.

She made that decision like she made the rest. "I didn*t think I was going to want to stay at MCG, but after my fourth year and getting to work with so many of the residents and attendings in pediatrics, I just really like the people here. I like the atmosphere. Most people work well together. The attendings are really into teaching." In fact, Katie*s classmates honored her mom this year for that very thing. "Plus the facilities here are gorgeous," Katie said, referencing the Children's Medical Center opened in 1998.

The other two Dr. McKies are happy with her choice as well.

"I*d be proud whatever she did, but I*m delighted she chose this," said Dr. Kathleen. "It*s the greatest job in the world and she is going to be good at it. It*s [also] kind of neat when you are walking across campus and this little person who is in a white coat comes up and gives you a big kiss."

The only potential conflict for this family is finding themselves in the same clinic and someone calls for *Dr. McKie.*

Alumna Makes Mark in Public Health Arena

Katja Sipple

Few people in the Gray, a small town in central Georgia, would have imagined that a member of their community would achieve national prominence. Dr. Lynne Wilcox, however, has done just that: she is director of the Division of Reproductive Health at the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention in Atlanta.

"I was always interested in biology, and while I attended Georgia College in Milledgeville, Ga., I began to think about what one could with biology," Dr. Wilcox explained. Medicine seemed a natural choice, and after graduating with a bachelor's degree in biology in 1975, she applied to the Medical College of Georgia. "My family was very supportive of my plan to attend medical school," she said.

During her studies at MCG, she became involved in extracurricular activities—including conducting health fairs in rural areas—which put her in touch with the Department of Public Health, practicing physicians, the Department of Social Services, as well as local, civic and religious organizations. She was also active in MCG's Students for Community Involvement organization, which takes students to Augusta schools to talk about health issues.

After receiving her M.D. in 1980, Dr. Wilcox began a three-year family medicine residency at the Medical Center of Middle Georgia in Macon, Ga. She rotated through all the departments, and spent time in internal and pediatric medicine, intensive care units, surgery and the emergency room. "The internship was very exhausting and I was the only woman intern," she remembered. "Sleeping room arrangements were sometimes quite difficult, especially when a senior female physician worked at the same time. I had to go somewhere else and find a place to sleep."

While still in medical school, Dr. Wilcox contacted the State Health Department in Atlanta, and in 1983 she was employed as a medical officer in the Georgia Department of Human Resources' Division of Public Health. However, she soon realized that she needed additional training. In 1987, she earned a master's degree in public health from Johns Hopkins University School of Hygiene and Public Health in Baltimore, followed by a postdoctoral fellowship in perinatal epidemiology in the Department of Maternal and Child Health.

Dr. Wilcox then returned to the CDC, where she worked as epidemic intelligence service officer for two years until she became chief of the Fertility Epidemiology Section in the Division of Reproductive Health in 1990. She was promoted to assistant for family and infant health to the deputy director for public health practice in 1992 and to deputy chief in 1993. Dr. Wilcox is board certified in family and preventive medicine and a graduated scholar of the Public Health Leadership Institute.

"The most satisfying thing for me is to help people," she said. Her key pieces include a safe motherhood initiative, which focuses on the health of pregnant women. "We have focus groups, interviews and surveys across the country to see how early women have prenatal care," Dr. Wilcox explained. "We assess the risk factors associated with poor pregnancy outcome and try to discover and reduce all medical and social risk factors."

The CDC also performs many ethnographic studies like breast-feeding habits and the reasons for unusually high pre-term delivery rates among African-American women. Researchers like Dr. Wilcox evaluate levels of stress experienced by pregnant African-American women, and try to find out if social stressors result in pre-term births.

Dr. Wilcox has also been involved in a variety of international health activities, including CDC representation at World Health Organization meetings in Geneva, Switzerland and a position as U.S. co-chairman of the Working Group on Adult Women for former U.S. Health and Human Services Director Donna Shalala's 1998 Binational Israel-USA Conference of Promoting Women's Health Across Generations in Jerusalem. "During this conference, we looked at factors that impact women's health like smoking and cardiovascular disease, but also at the effects of exercise and cancer screenings. The Israelis were also very interested in in-vitro fertilization," she remembered. "Like everywhere, there are still people that fall out of the health care system, and in Israel the group that's at a greater risk is the Palestinians."

During her international work, Dr. Wilcox learned that some of the most pressing issues in the United States are common themes elsewhere: the structure of and access to the health care system, behavioral issues like tobacco and alcohol use and reproductive health issues are hot topics in many countries.

Despite, or perhaps because of, her professional and academic success, Dr. Wilcox was able to combine an impressive career and a family life. She is the mother of two children, 16-year-old Martin and 12-year-old Jennifer, and happily married to her husband Jim, a free-lance photographer and computer expert. "I am very lucky, because I could always work regular business hours and my husband's free-lance work allowed him to stay home."

Treatment Targets Meconium Aspiration

Toni Baker

Whether a synthetic lubricant can help clear newborn lungs of intestinal debris and avoid more invasive treatment is the focus of a study at the Medical College of Georgia Children's Medical Center.

Doctors want to know if surfactant, already used to treat babies in respiratory distress, can also be used as a sort of wash to help rid the lungs of some of the damaging debris.

Intestinal debris, or meconium, is the substance obstetricians quickly clear from a newborn's nose, mouth and throat after birth to prevent it from being inhaled as the baby begins to breathe on his own, said Dr. Jatinder J. Bhatia, chief of the MCG Section of Neonatology and investigator on the multi-center, national study.

The vast majority of the time, this preventive approach works; but some babies aspirate meconium—which is primarily cellular debris, gastrointestinal secretions, mucus, blood and digestive juices—sucking it into their lungs where it can have a wide range of effects from breathing difficulty to death, he said.

Meconium aspiration occurs in about 4 percent of live births, interrupting the normal exchange of oxygen and carbon dioxide so that air can get trapped in the lungs, resulting in a cascade of destruction such as tears and/or excessively high pressures called pulmonary hypertension, Dr. Bhatia said.

Drs. Chantrapa Bunyapen and Cynthia Cabrera

"The hallmark of this disease is low oxygen, high carbon dioxide," he said. "So you get a ventilation-perfusion mismatch. These babies can have respiratory failure, air leaks and, secondarily, pneumonitis, or lung inflammation; lungs can suffer a lot of trauma, both from the meconium and from the ventilation that we do."

Ironically, meconium inactivates the natural surfactant in the lungs that lubricates lung sacs, easing the movement of air in and out, like a once-inflated balloon. "So a full-term baby, who should have no trouble breathing, can now have respiratory distress because meconium inactivates surfactant," Dr. Bhatia said.

Again, ironically, it's typically these full-term babies, with their fully developed lungs, who have problems with meconium aspiration because less developed babies don't normally have enough involuntary muscle contractions to move debris and waste out of their gastrointestinal tract and into surrounding amniotic fluid where it reaches the nose and mouth.

For years, doctors have used major support techniques including mechanical ventilation and extracorporeal membrane oxygenation, or ECMO, to support the breathing of the sickest of these babies in the hopes that their lungs would eventually clear the meconium and recover.

The CMC was one of the first children's hospitals in the Southeast to offer ECMO to these babies, placing them on a bypass system that enables the blood to be oxygenated outside of the body until the lymphatic system, the body's natural cleansing system, can eliminate the meconium. One-hundred percent of the babies with meconium aspiration treated at the CMC in the past three years have survived. Yet despite the statistics with ECMO and/or the use of traditional ventilators, these types of invasive therapies lengthen hospital stays and babies may have residual breathing problems, Dr. Bhatia said.

MCG neonatologists already give surfactant to babies on ECMO and know that the lubricating substance

often reduces the time the babies require such extreme support. Now they want to know if they can help these babies avoid more extreme measures by using the synthetic lubricant in a new way.

They are putting the artificial surfactant into both lungs of full-term babies born with meconium aspiration, a standard application. But this time they will then suction the lungs in an effort to clear as much meconium as possible; this approach will be used twice in both lungs. "Surfactant becomes a vehicle for getting available meconium out of the lungs and, hopefully, helping avoid the cascade of events that can destroy the baby's ability to oxygenate," Dr. Bhatia said.

An estimated 45 percent of the surfactant is removed with this technique; the goal is to remove enough meconium that the baby will be able to continue to breathe on his own and eventually clear the rest.

Doctors don't yet know if surfactant is particularly effective at removing meconium. But they do know that similar washing techniques with substances such as saline typically also wash out a substantial amount of the body's natural surfactant so the babies end up needing it anyway.

"The amount of meconium that is removed is not really the question," Dr. Bhatia said. "The question is, 'How sick do the babies get?' [We want to know if] we get good oxygen levels with this approach alone or whether they still require additional support. These are kids who are in trouble. We are hoping that we can keep some of them from requiring more invasive treatments such as ECMO."

About 200 babies in the country are being enrolled in the multi-center study sponsored by Discovery Laboratories, Inc., in Doylestown, Pa., the makers of the artificial surfactant called Surfaxin®. The CMC will enroll about 15 babies; half will get the new surfactant therapy, the remainder will receive standard care. After the initial hospitalization in the neonatal intensive care unit, study patients will be followed for one year by Dr. Chantrapa Bunyapen, MCG neonatologist. Dr. Cynthia Cabrera, a neonatology fellow, is principal co-investigator on the study and Danene Carter is study coordinator.

Grant Funds Cardiovascular Fellowships

Toni Baker

The Medical College of Georgia has received a five-year, $1.1 million grant from the National Heart, Lung and Blood Institute to train six cardiovascular disease researchers per year.

The grant funds nationally competitive salaries, benefits, training supplies and travel stipends for physicians and scientists who have earned their M.D. or Ph.D. and want to pursue careers as academicians.

Twenty-one MCG faculty members from 11 departments, centers and institutes involved in research about the cause, diagnosis and treatment of cardiovascular disease will serve as faculty.

"The National Institutes of Health has an interest in supporting the development of excellent scientists and, as an academic medical center, we have one as well," said Dr. John D. Catravas, director of MCG's Vascular Biology Center and program director of the new postdoctoral training program in integrative cardiovascular biology. "This grant will enable us to expand our educational initiatives as it fuels the research engine at our university."

A national recruitment effort is under way to fill the initial six positions. The proposal is to select a mix of Ph.D.s and M.D.s, Dr. Catravas said.

MCG already has 116 postdoctoral fellows selected by individual researchers who have funding for the position included in their research grants. Individual researchers still will have a major role in fellow selection; however, external and internal review committees also will be involved in selection and monitoring.

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Student Elected to National Office

Katja Sipple

Even as a little girl, Nikki Battle knew she wanted to work in health care. After graduation from Rockdale County High School in Conyers, Ga., Ms. Battle went to the University of Georgia to complete two years of college, and is now a senior at the Medical College of Georgia School of Nursing. "I chose nursing because you can change somebody's life," she said. "It's a great profession that does not get as much attention as it deserves."

Ms. Battle is doing her part to change that: She was elected Breakthrough to Nursing director by the National Student Nurses' Association last April.

"I see myself as a liaison between national, state and local associations," Ms. Battle explained. "I focus on recruiting and retaining a diverse group of nursing students, because society is getting more diverse, and we need health care providers who can serve these patients." She thinks the lack of diversity in nursing reflects a lack of information and role models—especially among non-traditional students—and the negative image of nursing as a whole in the media and general public. "Nursing enrollment has dropped in the last 25 years, the staff-patient ratio is increasing and the current shortage of nurses is expected to get worse. We need to make the profession attractive again, because nursing's a team effort."

"I am proud to have Nikki representing the MCG School of Nursing at the national level. As the Breakthrough to Nursing director, [she] has a unique opportunity to provide leadership for a critical initiative for the nursing profession: creating a diverse nursing workforce," said Dr. Katherine Nugent, a professor in the School of Nursing. "Nikki's academic excellence, poise, leadership ability and her ability to articulate issues provide an excellent role model...for the profession of nursing."

After earning her bachelor's degree, Ms. Battle plans to work in critical care for a few years, then earn a master's degree in nursing as a nurse practitioner or public health nurse.

Online Program Reaches Working Nurses

Katja Sipple

Going back to school to pursue or complete a degree is never easy, and it is particularly difficult for working adults. For registered nurses who work long hours and different shifts, it might appear impossible.

But it isn't. The Medical College of Georgia School of Nursing has implemented a program for registered nurses to earn their bachelor's degrees that is almost fully online. "We target licensed R.N.s who want to get a baccalaureate without having to quit their jobs," said Gayle Bentley, the program coordinator.

"I decided to go back to school because I love education and have always wanted to obtain my bachelor's degree in nursing. MCG has a fine reputation and the online courses [allow you to] manage your courses around your work schedule or family schedule," said Saadiqa Ali, who graduated from the program in May.

The program has about three-dozen students on campuses in Athens, Augusta and Barnesville. The admission criteria include an associate degree or diploma, a Georgia Board of Nursing license and completion of a 60-semester-hour core curriculum. The core requirements can be taken at any accredited college or university, with the credits transferred to MCG. Upon acceptance to the program and successful completion of 15 credits of MCG courses, the School of Nursing automatically awards 30 credits for previous nursing coursework.

"The last step is to complete the remaining 15 semester hours of nursing courses," said Ms. Bentley. "The full-time program can be completed in one year, compared to two years for part-time students, but it is very stressful to work full time and attend class full time, so we recommend part-time study [for students with full-time jobs]."

The program uses WebCT, a Web-based educational tool that creates a virtual classroom. WebCT integrates functions such as a bulletin board, chat room, private e-mail and calendar, and allows students

to access their course curriculum, instructions and exams.

"WebCT has really enhanced the quality and appeal of distance-learning programs," said Ms. Bentley. "Our students can communicate with their instructors and classmates, and they even receive immediate feedback after tests, because all exams are computer-graded."

"This has been a very good experience and the teacher support has been incredible," said Libby Hollett, who is earning a master's degree in nursing. "Ironically, we seem to have greater personal contact with the teachers [and] we can stay in contact with them almost constantly, but it certainly takes a great deal of self-discipline to do what it is required when it is due."

Volunteers Honored for Offering 'A Hand to Hold'

Michele Douglass

Nine volunteers who have helped the Medical College of Georgia maximize the health of pregnant teens in rural areas were honored April 17 at a ceremony in Thomson, Ga.

The volunteers completed MCG's 80-hour Rural Outreach Resource Mothers course to help pregnant teens and new mothers access health care and other resources. The women, who live in the same communities as the young women they mentor, offer guidance, advice and support to teens during pregnancy and early motherhood. The course is a component of MCG's Rural Health Outreach Program, initiated by the School of Nursing to improve the health and quality of life of rural Georgians.

"I was living alone [as a young woman] and I thought I knew how to take care of myself," said resource mother Merlinda D'Antignac. "But when it came to having a baby, I was on my own. That's why I became a resource mother. The birth of my first baby made me realize that you need a hand to hold."

According to Nancy Williamson, director of the MCG Rural Health Outreach Program, the rural women served by the program must travel long distances for obstetrical care, and many lack transportation or even telephones.

Rural Georgians in general, she noted, are at high risk of problems that can endanger their health, including poor access to health care, teen pregnancy and poverty.

She cited the resource mothers as an example of how institutions such as MCG can tap the resources already available in impoverished areas—in this case, the wisdom, compassion and maturity of experienced mothers—to improve the communities. MCG's program, funded by a grant from the Georgia Department of Human Resources, now has 41 volunteers.

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